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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Wings of E	agles Air Service, LLC Name of Limi	ited Liability Company	<del></del>
	Amendment and fee(s) are sub- ndence concerning this matter		
	William A. Dooley, Esq.	Name of Person	<u> </u>
William A. Dooley, P.A.  Firm/Company  2042 Bee Ridge Road  Address  Sarasota, Florida 34239  City/State and Zip Code  bprinz@wdooleylaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  William A. Dooley  Name of Person  Name of Person  Area Code  Daytime Telephone Number			
	2042 Bee Ridge Road	Address	<u> </u>
		•	<u> </u>
For further information c			fication)
	f Person	at ( <u>941</u> ) <u>544-3950</u> Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida document number L20000356136  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	( <u>Name of the Limited Liability Com</u> (A Florida Limite	i <u>pany as it now appears on ou</u> id Liability Company)	<u>r records.</u> )	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new records.	he Articles of Organization for this Limited Liability Compa	ny were filed on Novembe	r 10, 2 <u>020</u>	and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L.L.C" or the abbreviation "L.L.C Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new records.	orida document number <u>L20000356136</u>			
mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  we name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  sipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new records.				
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new records.	ne new name must be distinguishable and contain the words "Limited Lia	ability Company." the designati	on "ELC" or the abbre	eviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new records.	nter new principal offices address, if applicable:			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new re	Principal office address MUST BE A STREET ADDRESS	<u></u>		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new re		· · · · · · · · · · · · · · · · · · ·		7020 DEC -9
		e address on our records	, enter the name o	of the new register
Name of New Registered Agent:	Name of New Registered Agent:			<del></del>
New Registered Office Address:  Enter Florida street address	New Registered Office Address:	Enter Florida streo	et address	
, Florida			, Florida	
City Zip Code		City		Zip Code

WINGS OF EAGLES AIR SERVICE, LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Northwest Airways, LLC	33621 Hoefer Dr. NE	□Add
		Albany, OR 97321	=Remove
			□Change
MGR	TRANSAG, INC.	33621 Hoefer Dr. NE	Add
		Albany, OR 97321	□ Remove
			DE CO
			□Remove
			☐ Change
			Add
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		<del></del>	□Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prio  ote: If the date inserted in this block does not meet the appli  ocument's effective date on the Department of State's records	cable statutory filing requirements, this date will not be	605.02 listed
record specifies a delayed effective date, but not an effective is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day a	after th
ated December 2 , 2020	·	
1/1/1/		
Signature of a member or auti	orized representative of a member	-

Filing Fee: \$25.00