7/20/2021

La O O Division of Corporates Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : GASDICK, STANTON, EARLY, P.A.

Account Number : 075350000152

Phone : (407)423-5203

Fax Number : (407)425-4105

iter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Mick @ SSE-law.com

LLC Amnd/Restate/correct or m/ma Resign ORLANDO HELI-TOURS LLC

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JUL 2 1 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando Heli-Tours, LLC				
(Name of the Lim	ited Liability Company as it r (A Plorida Limited Liability)	ocibus)		
The Articles of Organization for this Limited I	liability Company were fi	led on December 16, 2020	and assigned	
Florida document number 1.20000388961	······································			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability cor	mpany here:	21	SEC SEC
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or th	o abhreviation "L.I"	定置
Enter new principal offices address, if appli	cable:		20	유주 - 유공
(Principal office address MUST BE A STRE	ETADDRESS)			
			•••	-857 TS-2
Enter new mailing address, if applicable:			80	HOLL JE
(Mailing address MAY BE A POST OFFICE	BOX)			_S
				_
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address ss here:	on our records, <u>enter the n</u>	nme of the new regist	<u>tered</u>
Name of New Registered Agent:	Solutions Group Accoun	nting Firm		
New Registered Office Address:	1404 N. Ronald Rengan	Blvd., Suite 1120		
		Enter Florida street address		_
	Longwood	, Florida	32750	
	Cuy		Zip Code	_

New Registered Agent's Signature, if changing Registered Agent:

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 Agest, 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

Title	Name	Address	Type of Action
MGR	Jornes L. Gissy	9529 Point Cypress Drive	= Add
		Orlando, FL 32836	□Rennve
			□Change
			UAdd
			Cliange 2
			UAdd UL 2
			SECRETARY OF STATE SIVISION OF CORPORATIONS 21 JUL 20 PM 1: 08 Change Add
			ORATIC
 -			SN PPVD
			CRemove
			UChange
			□Add
			ClChange
			
			⊡Remove

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	21 J	SEU
	JUL 20	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a document's effective date on the Department of State's records.	505.0207 <i>(:</i> listed as U	3)(b) lie
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day a cord is filed.	fter the	
Daied JULY 12th . 2021.		
Signature or a member or authorized representative of a member		
James / Gissy Typed or printed name of signee		

Filing Fec: \$25.00