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COVER LETTER

Divi	ision of Corp	orations				
CHDIECT.	19612 Sheric	lan, L1.C				
SUBJECT:	-	Name of Lim	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Aleida Ors Waldman, Esq				
			Name of Person			
		Aleida Ors Waldman, P.A				
			Firm/Company			
		19612 SW 69th Place				
			Address			
		Fort Lauderdale, FL 3333.	2			
			City/State and Zip Code			
		phildesai@aol.com			c ~	
			to be used for future annual report notification)n) :	2022 FEB 18	
For further in	nformation co	ncerning this matter, please c	all:	1		धकर) ,
Aleida Ors V			954 524-1100 at ()	•	18	; "
	Name of		Area Code Daytime Tele	ephone Number	PH 2: 43	
Enclosed is a	check for the	following amount:			្ដែ ដែ	ı
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	iling Address: gistration So		<u>Street Address:</u> Registration Section	ı		

Division of Corporations P.O. Box 6327

Tallahassee. FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19612 Sheridan, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on January 15, 2021	and assigned 📆
Florida document numberL21000033541		A TON
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Green Glades Aviation, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
i veri vegintele e i i i e i e i e i e i e i e i e i	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been positived in writing of this change.	e performance of my duties, and La provided for in Chapter 605, F.S. (im familiar with and Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
		□Remove	
			Change
			\ _Add
			□Add
		Remove	
			□Change
			□Add
			□Remove

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State is records.
document of state of the organization of
The record specifies a delayed effective date, but not an effective time, at 12:01 a/m, on the earlier of: (b) The 90th day after the ecord is filed.
Signature of a member or authorized robesentative/of a member,
Ronald M. Bergeron, Sr. Typed or printed name of signee