## L 21 0000 75705

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: K	ng Binque A	NRWAYS	
<u>. 1</u>	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul-	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Michael (o.150n	Name of Person	
	King Blaque	1) nw ny 5 Pirm/Company	<del></del>
	PO BUX 7.	20961 Address	
		32872 City/State and Zip Code	
For further informatio	E-mail address: (in concerning this matter, please c	346 gma. 1. Com (to be used for future annual report not call:	ification)
Michael Wis	<i>0,</i> 1	at (860 ) 929-15	58.6
Mam	e of Person	at ( <u>StO</u> ) <u>929-19</u> Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	\$30.00 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)
<u>Mailing Add</u> Registratio Division of		<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 6	327	The Centre of	Fallahassee
LaHahassed	e. FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

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

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11 30	Dia. 10	0.0.0046	111	21 1111 - 1	PH 3:56
77, 19	1317406	AIRWITTS		21 301	•
J	(Name of th	e Limited Liability	Company as it no	w appears on our records.)	

The Articles of Organization for this Limited Liability Company were filed on 2/15/21 and assist Florida document number 121000075705.  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 "L.C" or the abbreviation "L.i Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  [Principal office address, if applicable: 920.30 × 720461	
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 "Li  Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  [Principal office address MUST BE A STREET ADDRESS]  [Principal office address MUST BE A STREET ADDRESS]	igned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Lamited Liability Company." the designation "LLC" or the abbreviation "Li  Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  [Principal office address MUST BE A STREET ADDRESS]  [Principal office address MUST BE A STREET ADDRESS]	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C" or the abbreviation "L.E Enter new principal offices address, if applicable:    5442   LAKE   MARGARET DRIVE   #   (Principal office address MUST BE A STREET ADDRESS)   OR MADO   FC   32812	
Enter new principal offices address, if applicable: 5442 LARE MAZGAZET DOVE #  (Principal office address MUST BE A STREET ADDRESS) ORIANDO FC 32812	
(Principal office address MUST BE A STREET ADDRESS) ORIANDO FC 32812	L.C."
(Principal office address MUST BE A STREET ADDRESS) ORIANDO FC 32812	1319
Enter new mailing address, if applicable: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
· II	
(Mailing address MAY BE A POST OFFICE BOX)  ORlando, FL 32872	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new agent and/or the new registered office address here:</u> Name of New Registered Agent:	registere
New Registered Office Address:  Enter Florida street address	<del></del>
, Florida	
City Zip Code	

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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 JUN - 1 PM 3: 56	Type of Action
MG12	Michael J. W 1500, 7.2	5443 LAKE MARGARET DRIVE	<b>X</b> /Add
		# 1319	□Remove
		O.21ando FL 32812	□Change
			□Add
			□Remove
			□Change
<u>AMB R</u>	Michael Lamae	5442 LAKE MARGARET DRIVE	□Add
		# 1319	XRemove
		OZLANDO, FL 32812	
			□Add
			□Remove
			□Change
AMBR	Darrius south	SHUZ LAKE MARYARET DON	<u>€</u> □Add
		# 1319	Kemove
		0121/1100 FL 32812	□Change
			□Add
			Remove
			□Change

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fective date, if other than the date of filing:	(optional)
	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( the applicable statutory filing requirements, this date will not be listed as t
cument's effective date on the Department of State's	
	ffective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
is filed.	
1 214 / 0/	10.0.1
nted <u>MAY 26</u> . 2	<u>071                                    </u>
mill I wiking the	
Signature old memb	per or authorized representative of a member

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