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(Business Entity Name)

(Document Number)

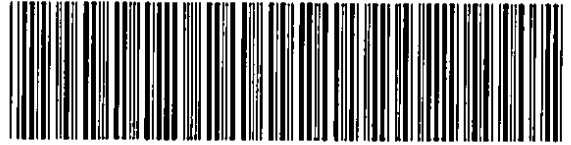
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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SNOWFLAKE AIR MAINTENANCE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS E CAMPOS

Name of Person

SNOWFLAKE AIR MAINTENANCE LLC

Firm/Company

1237 SW WAMPLER AVE

Address

PORT SAINT LUCIE FL 34953

City/State and Zip Code

SNOWFLAKEAC@ATT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS E CAMPOS

561 253-5963
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

SNOWFLAKE AIR MAINTENANCE 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 03/08/2021 and assigned
Florida document number 121000110624.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TEAM EXPERIENCE AC LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

_____, Florida _____
City 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 Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

N/A

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's records.

Dated MAY 25 / 2024

MAY 25, 2024



Signature of a member or authorized representative of a member

JESUS E CAMPOS

Filing Fee: \$25.00

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000110624

Entity Name: SNOWFLAKE AIR MAINTENANCE LLC

Current Principal Place of Business:

1237 SW WAMPLE AVE
PORTSAINT LUCIE, FL 34953

Current Mailing Address:

1237 SW WAMPLE AVE
PORTSAINT LUCIE, FL 34953 US

FEI Number: 86-3039324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPOS, JESUS E
1237 SW WAMPLER AVE
PORT SAINT LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: JESUS E CAMPOS

11/10/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CAMPOS, JESUS E
Address 1237 SW WAMPLER AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESUS E CAMPOS

MANAGER

11/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date