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## **COVER LETTER**

TO: Registration So Division of Con					
FLAPSAII SUBJECT:	R, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
	Thamara Perez				
		Name of Person			
Tabadesa Associates Inc					
		Firm/Company			
419 W 49th Street, Ste 111					
Address					
	Hialeah, FL 33012				
		City/State and Zip Code	·•		
	tammyp@tabadesa.com				'a.
For further information of	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	tication)		
Thamara Perez		305 558-0622			:
Name o	f Person		e Telephone Number	— o >: :	. I J
Enclosed is a check for the	he following amount:			2	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Fee, Status & oy	

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

FLAPSAIR, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/11/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LEC" 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)		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ne of the new registere
		£
Name of New Registered Agent:	·	
New Registered Office Address:		<u> </u>
	Enter Florida street address	٠ •
	, Florida	Zip Sode
New Registered Agent's Signature, if changing Registered Agent:	ω <u>ο</u>	
new registeren Agent v Signature, it Changing registeren Agent.		211

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 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
MGR	ORLANDO M ISOLDI	1845 NE 187TH STREET	□Add
		NORTH MIAMI BEACH, FL 33179	=Remove
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Effective date, if other that fan effective date is listed, the d	n the date of	filing:			(optional)	<u> </u>	i
fan effective date is listed, the d Note: It'the date inserted in document's effective date on	this block does	not meet the ap	oplicable statute	ing or more than 90 ory filing requirer	) days after filing, ments, this date	) Pursuant to 60 will not be lis	5.0207 ( ted as t
e record specifies a delayed e d is filed.	ffective date, bu	ut not an effecti	ve time, at 12:0	I a.m. on the ear	lier of: (b) Th	e 90th day afte	er the
Dated MAY 25		2021					
)aled		<del></del> ·	· ·				
				entative of a memb			

Filing Fee: \$25.00