## h21000187291

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## **COVER LETTER**

TO: Registration So Division of Cor			
GW AERC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMES D WATSON		
		Name of Person	
	GW AERO LLC		
		Firm/Company	
	179 N ROSCOE BLVD		
		Address	<del></del>
	PONTE VEDRA BEACH.	FL 32082	
		City/State and Zip Code	·
	JIMATMM17@GMAIL.CO	OM to be used for future annual report notifica	tion)
For further information of	concerning this matter, please co	·	
JAMES D WATSON		904 545-8805 at ()	2021 8.5.57 TAL
Name (	of Person		elephone Number LARA
Enclosed is a check for t	he following amount:		STATE OF THE STATE
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee.  Certificate of Staffs & Certified Copy tadditional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Secti Division of Corpo	
P.O. Box 632		The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GW AERO LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison $\frac{L21000187291}{L21000187291}$ .	any were filed on 04/22/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		2071 781
New Registered Office Address:		
	Enter Florida street address . <b>Flor</b> i	26
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

I her, by 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 = N $AMBR = A$	lanager Authorized Member	HE CHANGE ON	4
<u>Title</u>	Name	Address	Type of Action
MGR /	BRADLEY GUNVILLE	5105 PHILIPS HWY #203	□Add
		JACKSONVILLE, FL 32207	□Remove
			<b>≡</b> Change
			□Add
			□Remove
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cument's effective date or	the Department	of State's recor	ds.				
cord specifies a delayed c	ffective date, but	not an effectiv	e time at 12:01	n m. on the earlie	rafeds). The	Offits day affice	or this
is filed.	meetive time, i/m	The all effective	e time, at 12.07	a.m. on the carre	1 01. (0) The	zour day arte	.1 1110
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