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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	ocument Number)	
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zenbusiness

Oct 25, 2021

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Howard Air Enterprises LLC

To Whom It May Concern:

Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u> for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at <u>fulfillment@zenbusiness.com</u>.

Thank you.

Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Howard Air Enterprises LLC			
(Name of the Limited I (A I	iability Company as it now appears on our records.) lorida Limited Liability Company)		
	lity Company were filed on 07/22/2021	and assig	med
orida document number 1.21000333180			
nis amendment is submitted to amend the following	uf:		
. If amending name, enter the new name of the	e limited liability company here:		
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.	C."
nter new principal offices address, if applicable	e:		
Principal office address MUST BE A STREET A	(DDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u></u>		
. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the nar</u> ere:	ne of the new	regist
· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent:		P.C.	
New Registered Office Address:		<u> </u>	• 1
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	
_	, Florida	8	
-	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 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>	Name	<u>Address</u>	Type of Action
AMBR	Ashley Howard	13732 Chipperfield Ln	
		Jacksonville, FL 32226	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		· -	□Change
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ective date, if other than the date of effective date is listed, the date must be tel. If the date inserted in this block cument's effective date on the Dep	k does not meet the a	pplicable statute	ling or more than 9 ory filing require	(optional) O days after filing.) ments, this date	Pursuant to 605.020 will not be listed a
ecord specifies a delayed effective of stilled.	late, but not an effect	ive time, at 12:0	H a.m. on the ea	rlier of: (b) The	90th day after the
ed October 25	2021				
/s/ Ashley Howar					
/J/ Alriceg Howar	И	· ,			