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COVER LETTER

TO: Registration So Division of Co	ection rporations					
1.ong's	s Flight Services LLC					
SUBJECT:	Name of Limited	Liability Company	•			
The enclosed Articles o	f Amendment and fee(s) are submi	itted for filing.	•			
	nondence concerning this matter to					
		Dustin M Long				
		Name of Person				
		Long's Flight Services LLC		-		
		Firm/Company				
5436 E Avenida de Golf					20	
Address				N.S.	21 0	CC COM
Milton, FL 32571					2021 OCT -4	
	City/State and Zip Code					
		dustinmlong@yahoo.com	icition)	OF S	3	
		to be used for future annual report notif		걸	PM 3: 08	
For further information	n concerning this matter, please ca	ıll:		IT;	Φ	
Dustin N	i Long	at (_850)603-2889	e Telephone Numb			
Nar	ne of Person	Ajea Code Dayum	e telehinge isang			
Enclosed is a check f ☐ \$25.00 Filing Fe	or the following amount: e	IN \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	icate of St led Copy	atus &	
Division P.O. Box	ion Section of Corporations	Street Address: Registration S Division of Co The Centre of	ection orporations Tallahassee ooc Street, Suit	e 810	enctosed]	,

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Long's Flight?	\sim 1 \sim 1	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL21000334631	y were filed on July 23, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		10 70
Enter new mailing address, if applicable:	ALLANA ALLANA	7210CT -1
(Mailing address MAY BE A POST OFFICE BOX)		·—
	LE S	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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

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	Dustin M Long	5436 E Avenida de Golf Milton, FL 32571	iSi Add
			□Remove
			□Change
AMBR	Dustin M Long	5436 E Avenida de Golf Milton, FL 32571	[X]Add
			□Remove
			Change
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Effective de	te, if other than the d	ate of filin	ισ•				(op ti	onal)		
If an effective of Note: If the	date is listed, the date must be date inserted in this bloc effective date on the Deg	e specific an k does not:	id cannot be meet the ap	prior to date oplicable st	of tiling or a atutory fili	nore than 90 ng requiren	days after	: (iling.) Pur	suant to not be	605,020 listed as
he record spec ord is filed.	ifies a delayed effective	date, but no	st an effecti	ve time, a	12:01 a.m	. on the ear	lier of: (b	o) The 90)th day	after the
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Dated	September 29, 20	21	. •	_ .						
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		ignature <u>et a</u>	i member or	authorized	representati	e of a memb	ner			-
			13	tin M Long						
			Lyped or							

Filing Fee: \$25.00