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CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 .

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

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SUBJEC	Air Charter C	Online LLC			
SUBJEC		Name of Lin	nited Liability Company		
		mendment and fee(s) are subdence concerning this matter	_		
		Joseph Manor			
			Name of Person		
		Air Charter Online LLC			
		1.2	Firm/Company		
		7676 Springwater Place St	nite 201		
			Address		
		Boynton Beach, FL 33437			
			City/State and Zip Code		
		yosmanor@aol.com E-mail address: (to be used for future annual rep	ort notification)	
For furth	er information con	cerning this matter, please c	·	,	
Joseph N	M anor		631 921-2	206	
	Name of P	erson	at () Area Code	Daytime Telephone N	Number
Enclosed	is a check for the	following amount:			
□ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Ce ∞d) Ce	0.00 Filing Fee, prificate of Status & prified Copy ditional copy is enclosed)
	Mailing Address:		Street Addr	ress:	

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

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

Air Charter Online LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears or ed Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 9/8/20	21 and assigned
Florida document number 1.21000399347		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		<u>~</u>
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
		φ. *=
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B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our reco	rds, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street 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

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	Joseph Manor	7676 Springwater Place Suite 201, Boynton Beach	FL:
			□Remove
			□Change
			🖸 Add
			□ Remove
			□Change
			□ Add
			□Remove
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		• • • • • • • • • • • • • • • • • • • •	🗀 Add
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			P.C.

rective date, if other than the date of filing: (optional)		
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Filing Fee: \$25.00