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## **COVER LETTER**

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TO: Registration Se Division of Cor				
Altyn Avia	tion, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Randal Haines			
		Name of Person		<del></del>
	Altyn Aviation, LLC			
		Firm-Company		<del>_</del>
	235 3rd Avenue N Unit 31	0		202 \$37
		Address		ZJA
	St Petersburg, FL 33701			2022 JAN 14 PH 3: 09 SECRETARY OF STATE THE LEARN SEE, FI
		City/State and Zip Code		- SSE - P
	Randalhaines@gmail.com			ए हैं
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	lication)	09
Randal Haines		215 264-0323		
Name c	d Person	at () Area Code Daytim	e Telephone Numb	er
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor	porations	
P.O. Box 632		The Centre of T		810
Tallahassee,		2415 N. Monro		810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Altyn Aviation, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iv <u>as it now appears on our records.)</u> iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000421426</u> .	were filed on September 23, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>« 2</u>
Enter new mailing address, if applicable:		FF
(Mailing address MAY BE A POST OFFICE BOX)	្នុក	भ न गा
		71 Si D
	7	77
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new regis
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 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
AMBR	Bianca Haines	235 3rd Avenue N Unit 310	<b>≡</b> Add
		St Petersburg, FL 33701	□Remove
			□Add
			LJRemove
			2022 JAN
			PH Change
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	ve date, if other than the date of filing: November 3, 2021 (optional)	
ffootis		
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to 605.020
an effe <u>lote:</u> I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Pursuant to 605.020 will not be listed a
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Filing Fee: \$25.00