8/11/23, 11:47 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEGASUS AERO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

8/11/2023 08:49.35 PDT

To: 18506176383

Page: 2/4

From: Registered Agents Inc.

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF

PEGASUS AERO, LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number £21000437594	Company were filed on 10/06/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new regis
agent and/or the new registered office address here:		2023
		2023 AU
gent and/or the new registered office address here:		2023 AUG 1
Name of New Registered Agent:	Enter Florida street addres . Flo	2023 AUG II AM
Name of New Registered Agent:		THE PARTY INC.

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.

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To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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	FICKLING, WILLIAM	515 E LAS OLAS BOULEVARD, SUITE 120	□Add
		FORT LAUDERDALE, FL 33301	☑Remove
			□ Change
MGR	Alyce Schreiber	515 E LAS OLAS BOULEVARD, SUITE 120	☑ Add
		FORT LAUDERDALE, FL 33301	□Remove
			□ Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Change
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		LJRemove	LJRemove
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			□Remove
			□Change

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Effective date, if other than the If an effective date is listed, the date must Note: If the date inscreed in this ble document's effective date on the De	ock does not meet the app	licable statutory filing r	(optional) e than 90 days after filing.) Pe equirements, this date wil	irsuant to 605,0207 (3)(It not be listed as the
ne record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
August 11	2023			
Dated August 11				

Typed or printed name of signee