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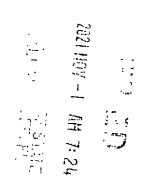
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A. BUTLER NOV 15 2021

COVER LETTER

TO: Registration Se Division of Cor			,
JAM-AERO	O, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ashok Ramaswamy		
		Name of Person	
	JAM-AERO, LLC		
		Firm/Company	
	11500 Pilot Country Drive		
		Address	
	Spring Hill FL 34610		
		City/State and Zip Code	
	ashokr7@yahpoo.com E-mail address: ()	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	·	
Ashok Ramaswamy		513 253-4061	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
PO Box 63	77	The Centre of T	allahassee

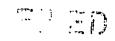
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

...: ICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF



JAM-AERO, LLC

2021 NGV -1 AH 7: 24

(A Florida Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 10/19/2021 and assigned Florida document number L21000456012 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

it 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>Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Jamic Fraser	11500 Pilot Country Drive Spring Hill FL 34610	□Add
		Remove	≾ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00