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COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	EXTREME A	AEROSPORT SERVICES, LI	.C	
			ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		C. WILLLIAM CURTIS II	I	
			Name of Person	Person IATES, P.A. mipany
		LAW OFFICES OF CURT	IS & ASSOCIATES, P.A.	
			Firm/Company	
		701 MARKET STREET, U	INIT 109	
			Address	
		ST. AUGUSTINE, FLORII	DA 32095	
		"	City/State and Zip Code	
		deborahbowles@curtisfirm.c		
		E-mail address: (to	o be used for future annual report notific	ration)
For further in	iformation coi	ncerning this matter, please ca	II:	
C. WILLIAN	M CURTIS III		904 819-6959 at ()	
	Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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 ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXTREME AEROSPORT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on	11/02/2021	an	nd assigned
Florida document number L21000469588	 ·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company	<u>here</u> :		
EXTREME AEROSPORTS SERVICES, LLC				
The new name must be distinguishable and contain the words "I	.imited Liability Company." th	e designation "LLC" or	the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD.	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			2	20
	 .			<u>~</u> ∵2
B. If amending the registered agent and/or re-	gistered office address	on our records, e	enter the n	台 amie of the
registered agent and/or the new registered office a	ddress here:	•		
			- ,≺(-) O	PR :
Name of New Registered Agent:			771	3 0
New Bellevin LOW - Althous			Į Ā	22
New Registered Office Address:	Enter 1	Torida street address	- 171	<u></u>
		, Floric	d.c	
	City	, FIOTA		Code
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age.	nt and agree to act in th	is canacity. I furth	er a ar ee to .	comply with
provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance l agent as provided for i ered office address, I he	of my duties, and i n Chapter 605, F.S	t am familia 8. Or, if this	ir with and document is
	If Changing Registered	Agent, Signature of N	ew Registered	d Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Add

□ Remove

_□ Change

	
(If an e: Note:	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
the re) The	e 90th day after the record is filed. NOVEMBER 5. 2021
the re	NOVEMBER 5 2021
the re) The	e 90th day after the record is filed. NOVEMBER 5. 2021

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Filing Fee: \$25.00