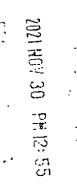
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COVER LETTER

Registration Section Division of Corporations

TO:

Ponte Vedra	a Air, LLC		·
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Timothy Baker, Esq.		
		Name of Person	
	BCSP, LLC		
		Firm/Company	
	221 N. Hogan St. #306		
		Address	
	Jacksonville, FL 32202		
		City/State and Zip Code	
	bakerlawgroupfl@gmail.co		
	E-mail address: (to be used for future annual report not	ification) . 202
For further information c	oncerning this matter, please ca	all:	I NO
Timothy Baker		850 567-1727 at ()	2021 MOY 30
Name o	f Person	Area Code Daytin	and the first an
			TE PETERPHONE NUMBER
Enclosed is a check for th	ne following amount:		ີ່: ກ : <i>G</i> i
■ \$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 Addres Registration S		<u>Street Address:</u> Registration So	
Division of C	-	Division of Co	•
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ponte Vedra Air, LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	filed on 11/10/21 and assigned
Florida document number <u>L21000486487</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u>, ω</u>
Enter new mailing address, if applicable:	: 75 ° d
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres	ss on our records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	itv Zip Code

company has been notified in writing of this change.

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

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>	<u>Address</u>	Type of Action
MGR	BCSP, LLC	221 N. Hogan St. Ste. 306	
		Jacksonville, Fl. 32202	≣Remove
			☐ Change
MGR	Redway Ventures, LLC	221 N. Hogan St. #306	
		Jacksonville, FL 32202	Remove
			Change
			Remove.
			Add
			□ Remove □ Change
			
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change

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fective date, if other than the date of filing:	1/2021	A.7.1	(optio	nal)	.05.0
an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the	be prior to date e applicable s	of filing or more t atutory filing red	han 90 days after f quirements, this	iling.) Pursi date will r	iot be listed
ocument's effective date on the Department of State's					
record specifies a delayed effective date, but not an eff is filed.	ective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th	ı day after t
.s med.					
November 11 202	1				
Signature of a thembe					

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