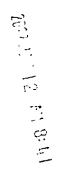
# 211100492844

(F	Requestor's Name)	
	Address)	
•	,	
	Address)	
(6	City/State/Zip/Phone #)	
PICK-UP	MAIT WAIT	MAIL
<u> </u>	_	<del>_</del>
-{	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of S	Statue
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
·	-	
		]

Office Use Only



700379349847



JAN 1 3 2022 ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 374276 4311863

AUTHORIZATION

ORDER DATE: January 12, 2022

ORDER TIME : 2:12 PM

ORDER NO. : 374276-005

CUSTOMER NO: 4311863

### DOMESTIC AMENDMENT FILING

NAME: FORTUNATO AIR LLC

EFFECTIVE DATE:

XX\_\_\_ ARTICLES OF AMENDMENT \_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_\_ PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

# **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Corp	porations		
CUD IF CT.	Fortunato A	ir LLC		
SUBJECT:	· -	Name of Lim	nited Liability Company	<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		-	· ·	
		Ivy M. Shapiro, Paralegal		
			Name of Person	<del>.</del>
		Blank Rome LLP		
			Firm/Company	
		One Logan Square		
			Address	
		Philadelphia, PA 19103		
			City/State and Zip Code	<del></del> _
		Scott.Price@a-lign.com	·	
		E-mail address: (t	to be used for future annual report not	ification)
For further in	formation co.	ncerning this matter, please ca	all:	
Ivy M. Shapi	го		215 569-5784	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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)
Maili	ing Address:		Street Address:	
Regi	istration Sc	ection	Registration Se	ction
	sion of Co	•	Division of Cor	
P.O.	Box 6327		The Centre of T	allahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTUNATO AIR 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 Company were filed on 11/17/2021 \_\_\_\_\_ and assigned Florida document number 121000492844 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.

'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	Scott Price	400 N. Ashley Drive, Suite 1325	□Add
		Tampa, Ft. 33602	≣Remove
			Change
MGR	Scott Price	400 N. Ashley Drive, Suite 1325	<b>=</b> Add
		Tampa, FL 33602	□Remove
			□Change
			□Add
			□Remove
			□Change
		<del> </del>	
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			🗆 Add
			□Remove
			□Change

		.,,	
			<del></del>
		<u> </u>	
			<del></del>
	lock does not meet the applical		
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	Department of State's records.		
Note: If the date inserted in this be document's effective date on the I feet the record specifies a delayed effective.	•	ne, at 12:01 a.m. on the earlier	
Note: If the date inserted in this b	ve date, but not an effective tin	ne, at 12:01 a.m. on the earlier	
Note: If the date inserted in this be document's effective date on the E f the record specifies a delayed effective distribute.	ve date, but not an effective tin	_·	

Filing Fee: \$25.00