## 12200005927

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: January 13, 2022	Account#, 12000000000
Name: GREG PINTACUDA	
Reference #:1573534	
Entity Name: SUPERIOR CHARTERS, LLC	<del>_</del>
☐ Articles of Incorporation/Authorization to Transact Busine	ess
✓ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25	
Signature:	

800.221.0102

+1.212.947.7200

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Charters, LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our re ted Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Compa	any were filed on 01/07/2022	and assigned
orida document number 1.22000005927		and any group
orda document namoer		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	iability company here:	
e new name must be distinguishable and contain the words "Limited Li	ability Company," the designation '	'LLC' or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		-
		<del></del>
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)	·	
water and the second se	<del></del>	<u></u>
	<del></del> -	
If amending the registered agent and/or registered offic	e address on our records on	-1
ent and/or the new registered office address here:	e address on our records, en	50 111
		Sign of the
Name of New Registered Agent:		SSC R O
Name of New Registered Agent.		<del> </del>
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code

## 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
MGR	Superior Helicopter Services, LLC	7597 East U.S. Highway 36	
		Avon, IN 46123	≣Remove
			□Change
AMBR Doug H. Harlan	Doug H. Harlan	7597 East U.S. Highway 36	<b>≡</b> Add
		Avon, IN 46123	□Remove
			□Change
AMBR Hugh P. Harla	Hugh P. Harlan	7597 East U.S. Highway 36	€Add
		Avon, IN 46123	□ Remove
			□Change
AMBR Jerry D. Cain	Jerry D. Cain	7597 East U.S. Highway 36	\( \overline{\overli
		Avon, IN 46123	□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Dated January 13 . 2022  Duff & Duff Signature of a member or authorized representative of a member  Hugh P. Harlan, Member		· · ·
Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  (If an effective date is bred; the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)th  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  Fithe record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the coord is filed  Dated    July 17   July 20	D. If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary)
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