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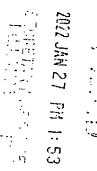
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COVER LETTER

Division of Cor	porations					
FLORIDA SUBJECT:	WARBIRDS MUSEUM LLC					
SOBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Charles J Ringland, II					
	-	Name of Person	 _			
	FLORIDA WARBIRDS L	1.C				
		Firm/Company				
	4848 SW 23rd Ave					
		Address				
	Cape Coral, FL 33914					
		City/State and Zip Code				
	info@ringland.bz E-mail address: (to be used for future annual report notificat	ion)	2		
For further information ec	oncerning this matter, please c	all:		022 J		
Charles Ringland		239 980-4613		2022 JAN 27		
Name of	Person	at () Area Code Daytime Te	dephone Number			
Enclosed is a check for th	e following amount:			- 53		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee. of Status &		
Mailing Address	<u>s</u>	Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FLORIDA WARBIRDS MUSEUM LLC

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: Enter Florida street address New Registered Office Address:	A POPLOT WAR AND	10			_	
FLORIDA WARBIRDS MUSEUM LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Linaced Liability Company were filed on 01/07/2022 and assigned C Florida document number 12/2000/17/001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLORIDA WARBIRDS LLC The new name must be distinguishable and contain the words "Limited Utability 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 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address City Liptorida Tgp Conde New Registered Agent's Signature, if changing Registered Agent: Uthereby 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 except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. If this document is peling filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. If this document is peling filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. If this document is peling filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. If this document is peling filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. If this document is	ARTICLES OF		ZATION			b .
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If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□ Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, 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)(b) 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. If the 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 record is filed.

Filing Fee: \$25.00

Typed or printed name of signee

Charles J Ringland II