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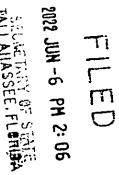
(Reques	stor's Name)	_
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PICK-UP	WAIT MAIL	
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Certified Copies	Certificates of Status	_
Special Instructions to Filing	g Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
SUBJECT: FUR OKO	Name of Limited Liability	PVICE S Company	
The enclosed Articles of Amend	nent and fee(s) are submitted for	iling.	
Please return all correspondence	concerning this matter to the follo	wing:	
	Aleng Ky	OSNITS G	
E	UREKA AIRPORT	- S	<u> </u>
<u>91</u>	71 FONTAINEZ	Leov Elvd	apt.6
	Miami FL City/State	and hip code	
For further information concerni	ng this matter, please call:	a 2.C	eanon)
AleNa Kva	SN i 15 G at (	780 35, 319.	3196_
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the follow	ving amount:		
	Certificate of Status Cer	00 Filing Fee & tified Copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

Euroka Airi	ourt Service
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 22017CC 717-84</u> .	any were filed on $\frac{02/11/2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
	2022
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	PH 2:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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
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		3316C	□Change
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