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Special Instructions to	Filing Officer:	

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A. RAMSEY MAY 23 2023



A. RAMSEY

MAY, 23 and

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ERO ADVENTURES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	George Batsche		
		Name of Person	
		Firm/Company	
	4925 Londonderry Dr		
		Address	
	Tampa, FL. 33647		
		City/State and Zip Code	
	louisashpole@gmail.com		
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
George Batsche		813 391 0612 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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		Street Address: Registration Sc	ation
Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	-
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

HANKS AERO ADVENTURES LLC

company has been notified in writing of this change.

2023 APR -6 PM 12 59

(Name of the Limited Liability Company as it now appears on our records I ARY OF STATE (A Florida Limited Liability Company) (A Florida Limited Liability Company) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{APRIL\ 12,\ 2022}{APRIL\ 12,\ 2022}$ and assigned Florida document number L22000175039 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AFRICAN AERO ADVENTURES LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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 City 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

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

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