## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:		

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snively Aviation L.L.C.		FIL 2022 NDV 28 SEATL AND
(Name of the Limited Liability Compan	y as it now appears on our records.)	<del>2</del> <del>2</del> <del>1</del>
(A Florida Limited L.)  The Articles of Organization for this Limited Liability Company of Florida document number L22000200326  This amendment is submitted to amend the following:		28 sam 8: 59 AHASSEE. FL
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida , Florida	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	Adam Snively	3944 CYPRESS LANDING WEST	XiAdd
		WINTER HAVEN, FL 33884	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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. Effective date, if other than the date (If an effective date is listed, the date must be seen as the content of the date of	e of filing:		(option	nal)
(If an effective date is listed, the date must be save Mote: If the date inserted in this block of document's effective date on the Depart	does not meet the appli	canie statutory num	ore than 90 days after to g requirements, this o	late will not be listed as
the record specifies a delayed effective date cord is filed.	e, but not an effective	time, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after the
Dated November 23	2022	·		
	nature of a member or aut	<u> </u>	Contact	
Sign	nature of a member or aut	norizea representative	of a memost	
Morgan Noble				

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