Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000406823 3)))



H2400040682334BCS

Note: DO	NOT hit the REFRESH/RELOAD button on your browser f Doing so will generate another cover sheet.	rom this page.
To:	Division of Corporations Fax Number : (850)617-6383	TILE TO
From:	Account Name : LICENSES ETC INC Account Number : I20070000159	PM 2:

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

24 DEC 10 PH 4: 49
DEPARTMENT OF STATE
ALLAHASSEEF FLORIDA

Email Address: SUPPORT@LICENSESETC.COM

: (877)275-3593

Phone : (239)777-1028

Fax Number

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIG AIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

				K. SALY	
	 	 	 	DEC-1-1-2024	<b></b> .

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

## **COVER LETTER**

SUBJECT: BIG AIR LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  TODD BABBITT Name of Person  LICENSES, ETC., INC. Firm/Company  27911 CROWN LAKE BLVD  Address  BONITA SPRINGS, FL 34135  City/State and Zip Code  SUPPORT QUICENSESSETC. COM  E-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBITT at ( 239 ) 7777-1028  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$255.00 Filing Fee  30.00 Filing Fee & Certificate of Status  Certificate of Status  Area Code Street Address: Registration Section  Naming Address: Registration Section  Registration Section	Division of Cor	porations		
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all entrespondence concerning this matter to the following:  TOOD BABBITT Name of Person  LICENSES, ETC., INC. Firm/Company  27911 CROWN LAKE BLVD Address  BONITA SPRINGS, FL 34135  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TOOD BABBITT  Name of Person  Area Code  Dnytime Telephone Number  Enclosed is a check for the following amount:  X \$255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section	CUDIEZTT.	ВІС	G AIR LLC	
Please return all correspondence concerning this matter to the following:    TODD BABBITT	SUBJECT:	Name of Lim	nited Liability Company	
TODD BABBITT  Name of Person  LICENSES, ETC., INC.  Firm/Company  27911 CROWN LAKE BLVD  Address  BONITA SPRINGS, FL 34135  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBITT  at (239) 777-1028  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee Scientificate of Status Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section	The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
LICENSES, ETC., INC.	Please return all correspo	ondence concerning this matter	to the following:	
LICENSES, ETC., INC.   Firm/Company			TODD BABBITT	
27911 CROWN LAKE BLVD Address  BONITA SPRINGS, FL 34135 City/State and Zip Code  SUPPORT@LICENSESETC.COM E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBIT Name of Person  at (239) 777-1028 Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee Scitificate of Status Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section				
BONITA SPRINGS, FL 34135  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBITT at (239 ) 777-1028  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  **Ex \$25.00 Filing Fee				
BONITA SPRINGS, FL 34135  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBITT  Name of Person  at ( 239 ) 777-1028  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee			Firm/Company	
BONITA SPRINGS, FL 34135  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBITT  Name of Person  at (239 ) 777-1028  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee Scientificate of Status  Certificate of Status  Certificate Opy (Certificate of Status & Certificate Opy (additional copy is enclosed)  Mailing Address:  Registration Section  Street Address:  Registration Section		2	7911 CROWN LAKE BLVD	
SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBITT  Name of Person  at ( 239 ) 777-1028  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee			Address	
SUPPORT@LICENSESETC.COM E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TODD BABBITT  Name of Person  at (239) 777-1028  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  **Ex \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  **Street Address: Registration Section**		ВО	····	
For further information concerning this matter, please call:  TODD BABBITT  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Registration Section			·	
TODD BABBITT Name of Person  at ( 239 ) 777-1028 Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  **Enclosed is a check for the following amount:  **E		E-mail address: (	to be used for future annual repor	M 1 notification)
Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  ★ \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$560.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)    Mailing Address: Registration Section	For further information c	oncerning this matter, please co	all:	
X: \$25.00 Filing Fee Solution Status Solution Filing Fee Solution Feetified Copy (additional copy is enclosed)    Mailing Address: Registration Section   Street Address: Registration Section   Registration Section   Solution Filing Fee Solution Feetified Copy (additional copy is enclosed)	<u>-</u>			
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Certified Copy (additional copy is enclosed)	Enclosed is a check for the	ne following amount:		
Registration Section Registration Section	X \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations	Registration S	Section	Registration	Section
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	P.O. Box 632	7	The Centre	of Tallahassee

Tallahassee, Fl. 32303

Page 5 of 7

2024-12-10 21:51.06 GMT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H2A000406823 3)))

PLED

2024 DEC 10 PM 2: 24

FALLAHASSEE EFIAM

**BIG AIR LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L22000231046 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address: Enter Florida street address

## 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 Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_\_

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
AMBR	SCOTT, NIEL	322 NE 29TH TERRACE	□Add
		CAPE CORAL, FL 33909	<b>X</b> Remove
			□Change
			□ Add
			□Remove
			TANE CARANTER PR
			HASE DREMOVE
			R Change
			24 
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

(((H24000406823 3)))

D. If amendin	ng any other information, en	ter change(s) here: <i>(.</i> /	Attach additional shee	ts, if necessary.)	
					<del></del>
<u></u>					<del></del>
<del></del>					<del></del>
*****					
				37.0	TILE TO
				7.55 7.65	FILED
				2.17	PH 2: 24
		*****			<del></del>
				1.00.00	<del></del>
				-1	<del></del>
	·			· · · · · · · · · · · · · · · · · · ·	
		-· <u>-</u>	-		<del></del>
			· · ·		
<del></del>				10.0	
					<del></del>
Note: If the	ate, if other than the date of date is listed, the date must be specife date inserted in this block does effective date on the Departmen	not meet the applicable	te of filing or more than 90 statutory filing requirer	(optional) _days after filing.) Pursuant nents, this date will not l	to 605.0207 (3)(b) be listed as the
If the record speceed is filed.	cifies a delayed effective date, bu	ut not an effective time.	at 12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
Dated	DECEMBER 10				
		Ala Sar			
_	Signature	of a member or authorized	representative of a memb	ner	_
		NEIL SCO	TT		