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DATE:

03/13/2024

NAME: FTC AIR HOLDINGS 2, LLC

TYPE OF FILING: AMENDMENT

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

# 

eun nece.	FTC AIR HOL	DINGS 2, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Denise Annunciata		
		Name of Person	·
Division of Corporations  FTC AIR HOLDINGS 2, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Denise Annunciata			
		Firm/Company	
	29 Kathryn Drive		
		Address	
	Ashland, MA 01721		
		City/State and Zip Code	
	= :		145
For further informati		·	meanon)
	me of Person	at ()	ne Telephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fe		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati	on Section	Registration Se	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### DocuSign Envelope ID: 06958D3F-5642-41CA-A319-C09E82262252 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FTC AIR HOLD	DINGS 2, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000279669}{1.000000000000000000000000000000000000$	were filed on June 20, 2022	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
no change		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no change	207
Principal office address MUST BE A STREET ADDRESS)		· 基 型
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- <del>3</del> 3
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent: no change	address on our records, enter the	e name of the new registe
Name of New Registered Agent: no enange		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	City	Zip Code

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 Agen	t, Signature of New Registered Agent

DocuSign Envelope iD: 03958D3F-5642-41CA-A319-C09E82262252 11 amenuing Authorized rerson(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	Josh Kuder	Josh Kuder	<b>≣</b> Add
		217 N. Howard Avenue, Ste. 200	Clp
		Tampa, FL 33606	[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	☐ Change
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ffective date, if other than th	e date of filing: (optional)	
Can effective date is listed, the date mu	ast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: block does not meet the applicable statutory filing requirements, this date will not be list	
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated	2024	
	Signature of a member of authorized representative of a member	
	organizate or a memoer or authorized representative or a memoer	
	Bryson Raver, Manager	
<del></del>	Typed or printed name of signee	

Filing Fee: \$25.00