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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVIATOR HOLDINGS, LLC

Certificate of Status	0
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Help

company has been notified in writing of this change.

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DocuSign Envelope ID: 14A36DE4-9CCA-470A-AF68-05DBE89B8C30 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIATOR HOLDINGS, 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 Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
AVIATOR CAPITAL HOLDINGS, 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:
72 202
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida , Florida
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

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II amenuing Authorized rerson(s) authorized to manage, enter the fitle, 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	JONATHAN BUSH	2907 Bay to Bay Boulevard, Suite 201	\overline{
		Tampa, Florida 33629	□ Remove
			□ Change
			🗀 Add
			□Remove
			□Change
	***		🗀 Add
			□Remove
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Effective date, if other the fan effective date is listed, the date: Note: If the date inserted in document's effective date or	tate must be specifi this block does t	ic and cannot be pr not meet the app	licable statutory f	option (option) (opti	filing.) Pursuant to 605.0207
record specifies a delayed ed is filed.	ffective date, bu	t not an effective	time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
DatedDocustanced by:		2022			
DocuSigned by:			·		
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