L22 000 305 442

| (Reques | stor's Name) | |
|-------------------------------|-----------------|-------------|
| | | |
| (Addres | s) | |
| | | |
| (Addres | s) | |
| | | |
| (City/Sta | ate/Zip/Phone # |) |
| | 7 | |
| PICK-UP | ⊥ waπ | MAIL |
| | | |
| (Busine | ss Entity Name) | |
| | | |
| (Docum | ent Number) | |
| | | |
| Certified Copies | Certificates of | Status |
| | | |
| Special Instructions to Filin | g Officer: | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000393544510

09/12/22--01020--020 **25.00

SECRETARY OF STATE

| Division of C | | | | | • | 4. |
|--------------------------|--------------|-------------------------------------|---------------|---|------------------|---------------------|
| SUBJECT: | SC | AIR BA | JB | LLC | | |
| SUBJECT: | | | | Liability Company | | |
| • | | | | | | |
| The enclosed Articles | of Amendme | nt and fee(s) are | submitt | ed for filing. | | |
| Please return all corres | spondence co | ncerning this ma | iter to th | ne following: | | |
| | | | | _ | , | |
| | | MATTH | ew | F DESORC | 7 | |
| | | | | Name of Person | | |
| | | | | | | |
| | | | | Firm/Company | | |
| | | 4250 | \mathcal{N} | E 417 AVE. | • | |
| | | | | Address | | |
| | | BOCA | RA | TON, FLALING ity/State and Zip Code 177 & Blu Si | 1 3343 | 1 |
| | | 11 1100 | C | ity/State and Zip Code | | |
| | | E-mail addre | ss: (to be | 11) C BCC Se used for future annual report notif | ication) | 2022 SEP SECRETA |
| For further information | n concerning | | | | , | EP - |
| | _ | • | | | | ARY ARY |
| - 19717 | Tew F | - Descr | EY | _at(56) 541- | | |
| Nam | e of Person | | | Area Code Daytime | Telephone Number | AH 9: 18 |
| | | | | | | m — |
| linclosed is a check fo | | _ | - | 7 | - | , |
| ■ \$25.00 Filing Fee | | 00 Filing Fee & rtificate of Status | | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |
| | | | | | | |
| Mailing Add | | | | Street Address: | | |
| Registratio Division of | | ons | | Registration Sec Division of Corp | | |
| / P.O. Box 6 | 327 |) | | The Centre of T | allahassee | |
| Tallahassed | e, FL 32314 | 1. | | 2415 N. Monroo Tallahassee Fl | | 10 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp | any as it now appears | on our records.) | | | |
|--|--|--------------------------------------|----------------------|-------------------|----------------------|
| | y were filed on | 7/8/202 | <u>-ک</u> | and as | ssigned |
| This amendment is submitted to amend the following: | | | | | |
| If amending name, enter the new name of the limited liability company here: Incompany here | | | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the des | ignation "LLC" or t | he abbrev | iation "l | L.L.C." |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | 350 | 2022 | |
| | | | RETA | SEP 1 | • |
| Enter new mailing address, if applicable: | | | <u> </u> | · - | i. |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> | | |
| | | | - 2 | - | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our rec | cords, enter the | , ाप name of | | ew registered |
| Name of New Registered Agent: | | | | | |
| New Payistared Office Address | | | | | |
| New Registered Office Address. | Enter Florid | la street address | | | |
| | | , Florid | a | | |
| | • | | Z | lip Code | • |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | | | | |
| provisions of all statutes relative to the proper and complete | e performance of n provided for in Ch | ny duties, and I napter 605, F.S. | am fami Or, if th | liar w iis doc | ith and cument is |

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> | Name | Address | Type of Action |
|--------------|-----------------------|--------------------------|----------------|
| MGR | MATTHEW F. DESORCY | GOCH RAJAV, FUR 33431 | ≣ Add |
| • | | 33431 | l □Remove |
| | | | □Change |
| | | | |
| | | | Remove |
| | | | □Change |
| | _ | | □Add |
| | | - ALLAF | SECRE JAR |
| | | AHASSEE, FL | 99 D |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| | | | | | | | | | | | |
|----------------|---------------------------------------|---|--------------|-------------|--|-------------------------------|---------------------------|--|--|--------------|---------------------|
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | | | | | | | | | | | _ |
| | | | | | | | | _ | | | |
| | | · · | | | | | | | | | |
| | | | | | | | | | <u> </u> | | |
| - | | | | | | | | | | | _ |
| | | | | | | | | | | | _ |
| | | | | | | | | | | 202 | |
| | | | | | | | | | ALL. | 2 SE | |
| | | | | | | | | | AHA | -2 | (Treff) |
| | | | | | | | | | 800 800 800 800 800 800 800 800 800 800 | | |
| | | | | <u> </u> | | | <u> </u> | | الماني. التانية | 9 | |
| | | | | | | | , | | <u> </u> | - | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | - | | | |
| | | | <u> </u> | | • | | | _ | | | _ |
| | | | | | | <u>.</u> | | | | | _ |
| | | | | | | | | | | | |
| <u>ote:</u> If | the date insert | er than the da I, the date must be ted in this block ate on the Depa | does not n | neet the ap | opticable s | of filing or tatutory fili | nore than 90 ong requirem | (optior days after fi ents, this c | ial) ling.) Purs late will | suant to o | 605.020 listed a |
| record s | | ayed effective d | ate, but not | an effect | ve time, a | 12:01 a.m | on the earli | er of: (b) | The 90t | h day a | ifter the |
| ated | AU | FUST 2 | 23 | , 2022 | ······································ | | | | | | |
| | / | | | | | | | | | | |
| | | | | | | | | | | | |