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(Re	equestor's Name)	
- (Ad	ldress)	<u>.</u>
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, (Cit	ty/State/Zip/Phone	: #)
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DATE:

03/13/2024

NAME: FTC AIR MANAGEMENT, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

Tallahassee, FL 32314

TO: Registration So Division of Cor			
STID INVE		MANAGEMENT, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Denise Annunciata		
		Name of Person	
	Velaweity		
		Firm/Company	
	29 Kathryn Drive		
		Address	
	Ashland, MA 01721		
	denise@velaweityinc.com	City/State and Zip Code	
For further information e	E-mail address: (oncerning this matter, please of	to be used for future annual repo all:	rt notification)
Denise Annunciata		508 277-19	966
Name o	f Person	Area Code E	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Addre Registratio	n Section
Division of C P.O. Box 632			f Corporations 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

FILED

FTC	C AIR MANAG	EMENT, LLC	2076 K 1 P 1 C	3 <u>A</u> 21_7: 59
(Name of the Limited Li (A F)	iability Company	as it now appears on ou	r records.	/=
The Articles of Organization for this Limited Liabili			\	and assigned
Florida document number L22000348436	·			_
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
no change				
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	:: :	no change		
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable:				
• • • • •	-			
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u> .			
	-			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		dress on our records	, enter the name	of the new registered
Name of New Registered Agent:	o change			
· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:		Enter Florida stre	or and france.	
		rmer Fromaa stree	er aan ess	
=			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regist company has been notified in writing of this change.	nd complete po ed agent as pro stered office ac	erformance of my du ovided for in Chapte	ties, and I am far r 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope 10. 06958D3F-5642-41CA-A319-C09E82262252 Transcrumg 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	= Add
		217 N. Howard Avenue, Ste. 200	□Remove
		Tampa, FL 33606	[]Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Chango

D. If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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		_
	be specific and cannot be prior to date of filing or more than 90 days after filing.) Puck does not meet the applicable statutory filing requirements, this date wil	
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	0th day after the
Dated March 8	2024	
	ignature of a member or authorized representative of a member	
	Bryson Raver, Manager	
	Typed or printed name of signee	

Filing Fee: \$25.00