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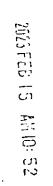
(Requestor's Name)
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COVER LETTER

TO:

TO: Registration of	on Section Corporations		9 ,
HI FIA	TLLC		
SUBJECT:		N. 11:13: A	
	Name of Lin	nited Liability Company	
		•	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	NATHAN M. HANSEN		
		Name of Person	
	HI FLYT LLC		
		Fim/Company	
	110 SUNSET COVE		2023 FED TALLY
		Address	
	NICEVILLE, FL32578		;;;
	NATHAN@FLYWITHME	City/State and Zip Code	
		(to be used for future annual report notifi	ന: ഗ
For further informat	tion concerning this matter, please of		i •
NATHAN M. HAN		850 333-6707	
14. 111. 1. 4. 44. 14. 14.	O1 ·	at ()	
N	ame of Person		Telephone Number
Enclosed is a check	for the following amount:		
■ \$25,00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Second Division of Corporate The Centre of T 2415 N. Monroe	porations
		Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIFTYTILC

(Name of the Limited Liability Comp (A Florsda Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on ANUARY 12, 2016	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.I.	C.''
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			702 r 35 15
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the nam</u>	e of the new	registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida	Zip Code	
	City	7.11) CORE	

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□Add
			Петюvе
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			☐Remove
			17AL Change 55 Add Add Add Add Add Add Add Add Add
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fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this blood cument's effective date on the Dep	e specific and cannot be prior to date of filing of k does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be 1	505.020 isted as
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day a	fter the
FEBRUARY 12	2023		
ated			
´ 1/(Market segnature of a member or authorized representation		
<i>V</i> .			