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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Air banas LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Philip Sanabria Name of Person	
Firm/Company	
324 Oakland Cir	
Ft. Walton Beach FL 32548 City/State and Zip Code	
E-mail address: (to be used for future armual report notification) For further information concerning this matter, please call:	2623 NE
Phil Sarabria at (817) 1889 - 0401 Name of Person Area Code Daytime Telephone Number	DEC -1 ATTO
Enclosed is a check for the following amount:	15: 19 15: 19
\$25.00 Filing Fee \$\sigma\$\$\$\$30.00 Filing Fee \$\sigma\$\$ Certificate of Status \$\sigma\$\$ Certified Copy (additional copy is enclosed) \$\sigma\$\$\$\$\$\$\$\$\$\$ \$\sigma\$	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Airbanas	LLC.	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on ability Company)	our records.)
: Articles of Organization for this Limited Liability Company rida document number <u>L22000514748</u> .	were filed on 12	08/2022 and assigned
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	ity company here:	
new name must be distinguishable and contain the words "Limited Liabiliter new principal offices address, if applicable:	y Company," the design	ation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
LOZ3 DEC		
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
	•	
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our recoi	ds, enter the name of the new register
Name of New Registered Agent:	·	
New Registered Office Address:		
The transfer of the transfer o	Enter Florida s	treet address
	Florida	
	City	Zip Code
w Registered Agent's Signature, if changing Registered Agent:		
ereby accept the appointment as registered agent and agreovisions of all statutes relative to the proper and complete pept the obligations of my position as registered agent as pent filed to merely reflect a change in the registered office on	performance of my rovided for in Chaj	duties, and I am familiar with and oter 605, F.S. Or, if this document is

npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

nendi <u>emov</u> e	ing Authorized Person(s) authorized to m ed from our records:	nanage, enter the true, in-	
R = BR =	Manager Authorized Member	<u>Address</u>	Type of Action
<u>e</u>	<u>Name</u>		□Add
CFR.		Ct. Walton Beach, FL	[] Remove
		32548	Change
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	(optional) (Optional)	٠
tive date, if other than the date of filing:	(optional) (optional) (optional) (optional)	\ 7/\^
If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not be listed	d as
ment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after	the
îled.		
27 November 2023		
<u>\alpha / 10 10 10 0000</u>		
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Millante		
Signature of a member or authorized representation	esentative of a member	