

L23000027309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

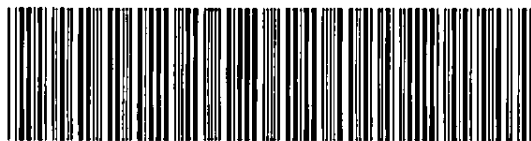
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/24--01020--021 **60.00

2024 JUL 22 PM 12:34
L23000027309
100433430361

A. PARISHANI

JUL 27 2024

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: I Up Aviation LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald W. Howard

Name of Person

I Up Aviation LLC

Firm/Company

P.O. Box 1022

Address

Okeechobee FL 34973

City/State and Zip Code

Rhoward477@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristy Howard

772 708-8363

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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

2024 JUN 22 PM 12:34

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1 Up Aviation LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUL 22 PM 12:34

The Articles of Organization for this Limited Liability Company were filed on 1/13/2023 and assigned
Florida document number L23000027309.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

Name of New Registered Agent:

Ronald W. Howard

New Registered Office Address:

7355 SW 13th St.

Enter Florida street address

Okeechobee

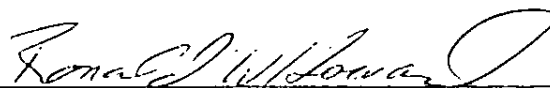
City

Florida 34974

Zip Code

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dustin L. Gray	1621 Lake Dr.	<input type="checkbox"/> Add
		Okeechobee, FL 34974	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Travis R. Schooley	7624 SW 9th St.	<input type="checkbox"/> Add
		Okeechobee, FL 34974	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ronald W. Howard	7355 SW 13th St.	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34974	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Remove Dustin L. Gray

Remove Travis R. Schooley

Add Ronald W. Howard

New Registered Agent - Ronald W. Howard

2024 JUL 22 PM 12:34
RECEIVED
STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

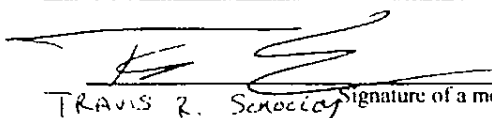
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7.16.2024 . _____



Signature of a member or authorized representative of a member

TRAVIS R. SCHOOLEY

Typed or printed name of signee