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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Dc	cument Number)	
(50		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2023 JHL -7 PH 2: 38

A. PARISHANI AUG 1 3 2023

		COVER LETTER	EIN:		
TO: Registration Security Division of Corp			92-	-22194	127
SUBJECT: ON T	he Fly Adv	ASORS UL			
	Amendment and fee(s) are sub	_		2023 JUL -7	7
	Stefanie	Name of Person		PH 2: 38	1
	on the f	JYANSO88 Sirm/Company	Uc	_	
	POB	0X 14823 Address		_	
	Stefanie? E-mail address:	City State and Zip Code City State and Zip Code to be used for future annual report	Schanica	alm Boss alletto.	33408
For further information co	oncerning this matter, please c	all:			
Scance Name of	Gall Ho Person	at (T) St Area Code Da	ytime Telephone Number	<u></u>	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION \(\begin{array}{cccccccccccccccccccccccccccccccccccc
O	F
On the Fly Adv Soci	Ny as it now appears on our records.)
(A Florida Limited I.	.iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\bar{L}2300041688}{\bar{L}}$.	1. 314 VI 10°13
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	PO Box 14823 1043 US Hahway I hofth Palm Booch, FL 33408
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	THAT I WHALL SITES WAI 553
	• 1 1 1

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.

City

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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ective date, if other than the date of effective date is listed, the date must be spec te: If the date inscrted in this block does cument's effective date on the Departme	not meet the applic	able statutory filing	coptio re than 90 days after t requirements, this	nal) iling.) Pur datc will	suant to 60 not be lis	05.020' sted as
cord specifies a delayed effective date, b s filed.	ut not an effective ti	me, at 12:01 a.m. of	n the carlier of: (b)	The 90	th day aft	er the
ed June 9, 2023	·	_·				
ed JUNE 9, 2023 Signatur	o domination with	orized representative of	ul a member			