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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

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|--|-----------------------------------|--|--|
| SUBJECT: So | uthern Elite | · Air Services | LLC |
| Division of Corporations UBJECT: Southern Elite Air Services LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: James L McRae Name of Person | | | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | James | L McRae | |
| | Southern | Elite Air Se | ervices, LLC |
| | 11000 Lu | ckett Rd. | |
| | Fort Myer | S FL 33905 City/State and Zip Code | |
| | LeemcRae E-mail address: | to be used for future almual report noti | COM fication) |
| For further information | concerning this matter, please ca | all: | |
| James L | McRae of Person | at (<u>239</u>) <u>707</u> Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| ,\$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | otion |
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| P.O. Box 63: | | The Centre of T | • |

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Southage Flit | e Air Services LLC Company as it now appears on our records. Mid Clability Company) 2023 JUN 23 AM 6: 56 Company as it now appears on our records. |
|--|--|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on our records.) mited Liability Company) |
| The Articles of Organization for this Limited Liability Con- | npany were filed on <u>214/8023</u> and assigned |
| Florida document number <u>L 23000081931</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRES | (2.2) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | City 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> | Address | Type of Action |
|--------------|---------------|---|----------------|
| MGR | James L McRae | 11000 Luckett Rd Fortmyers, FE 33905 | XiAdd |
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| l is filed | | he |
| ated | When Milan Signature of a member or authorized representative of a member James Lee Michae Typed or printed name of signee | |
| | Signature of a member or authorized representative of a member | |
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Filing Fee: \$25.00