## 123000109676

(Requ	estor's Name)	
(Addis	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations	•	
Sky East Av	viation, LLC		•
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joel Huci Knowles Jr		
	<u> </u>	Name of Person	
	Calalina Management Gro	ир	
		Firm/Company	
	601 21st Street, Suite 300		
		Address	
	Vero Beach, FL 32960		
	joel.knowles@catalinamg.c	City/State and Zip Code	
	• •	to be used for future annual report no	ntification)
For further information c	oncerning this matter, please c	all:	
Joel Huel Knowles Jr		954 904-3189	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$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)
Mailing Addres		Street Address:	to sati
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	-	The Centre of	-
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000109676</u>	pany were filed on 03/01/2023 and assigned
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:	2073
(Principal office address MUST BE A STREET ADDRES.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our records, <u>enter the name of the new registe</u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

If Changing Registered Agent, Signature of New 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Joel Huel Knowles Jr	601 21st Street, Suite 300, Vero Beach, FL 32960	<b>=</b> Add
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effective date is listed, the date must be specific and cate. If the date inserted in this block does not med	nnot be prior to date of f it the applicable statut	iling or more than 90 days afte lory filing requirements, th	ir filing.) Pursuant to 605.020 is dâtê Will not bê listêd î
ument's effective date on the Department of Stat	e's records.		
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record specifies a délayed effective dat he 90th day after the record is filed.	e, but not an ene	ective time, at 12.01	a.m. on the earlier
ed,	2023		
	1/11/-		
	7 ///	esentative of a member	·