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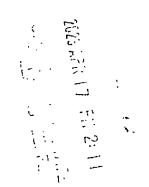
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COVER LETTER

TO:	Registration Sec Division of Corp			•	4
CUID II	CT: AIR JODY	LLC	•	A.	
30001	<u></u>	Name of Lim	ited Liability Company	•	_
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		LEHN E. ABRAMS			
			Name of Person		
		Arnold, Matheny & Eagan	ı, P.A.		
			Firm/Company		1.23.42.17 FE 2:1
		605 E. Robinson Street Su	ite 730		
			Address		
		Orlando, Florida 32801			
			City/State and Zip Code		— :: ?: 7
		labrams@ameorl.com			
Esa Gua	than in Commentian as		to be used for future annual report no	ouncation)	
roriui	ther information ce	oncerning this matter, please c	att.		
Lehn /	Abrams		at (407) 841-1550		
	Name of	Person	Area Code Dayt	ime Telephone Nun	iber
Enclos	ed is a check for th	e following amount:			
□ \$2	5.00 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certit Certif	Filing Fee, ficate of Status & fied Copy for all copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, f	orporations Tallahassec roe Street, Suite	c 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIR JODY LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
the Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$ orida document number $\frac{1.23000118988}{1.23000118988}$.	March 7, 2023 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>here</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	707
	<u> </u>
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	<u> </u>
	p)
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regis
The state of the s	
Name of New Registered Agent:	
New Registered Office Address:	
	lorida street address
	, Florida

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lehn E. Abrams	605 E. Robinson Street, Suite 730	□Adđ
		Orlando, FL 32801	■Remove
			□Change
MGR	Allan J. Luihn	1711 Coral Way	■Add
		Riviera Beach, FL 33404	□Remove
		 	□Change
			Add
			Add
			Life N
			□ □ Remove
			☐ Change
			□Add
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			□Add
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			□ Change

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