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COVER LETTER

TO:

ΓΟ: Registration So Division of Cor					
• LimitlessSl	sy LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
Tease return all correspo	ndence concerning this matter	to the following:			
	David Cordeau				
		Name of Person		-	
	N/A				
		Firm/Company		•	_ •
4611 South University Drive, Suite 267				1.	793 EE
		Address		·	
	Davie, FL 33328			·	- 2
		City/State and Zip Code			- 3
	davidbcordeau@gmail.com E-mail address: (to be used for future annual report noti	fication)		2: 08
For further information c	oncerning this matter, please c				رن
David Cordeau		305 498-7472			
Name o	f Person		e 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)	Certified	te of Statu	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	lallahassee e Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LimitlessSky Aviation LLC		
(Name of the Limited Liability Company (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1.23000184875}{1.23000184875}$	were filed on <u>04/14/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Limitless Sky Aviation LLC		
The new name must be distinguishable and contain the words "Limited Liability and Contain the words "Liability and Contain the words" and Contain the words "Liability and Contain the words" and Contain the words "Liability and Contain the words" and Contain the words "Liability and Contain the words" and Contain the words "Liability and Contain the words" and Contain the words "Liability and Contain t	ty Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- <u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
e		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		08
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fin performance of my duties, an provided for in Chapter 605, I	F.S. Or, if this document is

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>	Type of Action
		-	□Add
			Remove
			□ Change
			☐Remove
			□Remove □Change
			□Add
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ive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date.] If the date inserted in this block does not meet the applicable shent's effective date on the Department of State's records.	(optional e of filing or more than 90 days after filin statutory filing requirements, this date	g.) Pursuai	nt to (t be l
rd specifies a delayed effective date, but not an effective time, a iled.	at 12:01 a.m. on the earlier of: (b)	The 90th o	day a
04/13/2023 8:00am			
Down M			

Filing Fee: \$25.00