(Re	equestor's Name)	
(Ad	ddress)	
(Δ	ddress)	
<i>\\</i>	24. 055,	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(D.		
18)	usiness Entity Name)	
(D:	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>241</u>	trFlight L Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mitche	Name of Person	
	24 HrF	IIGHT LLC Firm/Company	
	3481 N	M 3Utm Strcc	<u> </u>
	Lauderdo	City/State and Zip Code	33309
	M+CMCII.	to be used for future unnual report not	MCUI. COM
For further information c	oncerning this matter, please c	ail:	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 tadditional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Sec	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee			
Tallahassee, FL 32314 2415 N. Monr		e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 Hi	ant l	_ L(' _		
(Name of the Limits	d Linbility Comp A Florida Limited	any as it now appears on our records. Liability Company)	•	
The Articles of Organization for this Limited Lise Florida document number 12300028	ability Company	T. 22.22.2		gned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lial	pility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L	<u>C.</u> -
Enter new principal offices address, if applica		MI+CHEII JOX 3487 NW 31 LOUGHOOUT LO	yo Jr. 1 th Sthee 1 Kes Fl 3	<u>+</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	MIA	2023 JUL	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter th	ne name of the new	registered
Name of New Registered Agent:	Mitch	ell Jones Jr.		
New Registered Office Address:	2487	Finer Florida street address	Ct	
	Laude	-dale lakes . Flor	ida <u>33300</u> 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>	<u>Address</u>	Type of Action
MGR	Miterell Instr	Mitchell Jones Jr.	5JAdd
		3481 NW 30th Stree	Remove
		Lauderdak lakes. FL33	M□Change
AMBI	Mitchell Jores II.	3481 NW 3/25/700	1 DAdd
		Lauderdale Lakes F13	BB □ Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	The purpose of this business is
-	FOT CHICTIONING/SPHIM COLES DUILD
_	CUO OL DECICIO LA SOCICIO LA CONTRALICA CONT
<u> </u>	and promote source media antiffirm
(Uncl design clothing.
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Note:	ve date, if other than the date of filing: N/A (optional) extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 kb if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	. 7 .
	M. (m)
	Signature of a member or authorized representative of a member
	Mitchell Jones Jr
	Typed or printed name of signee

Filing Fee: \$25.00