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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•		
SUBJECT:	· TOWN Air	LLC I Liability Company			
The enclosed Articles of .	Amendment and fee(s) are submit	tted for filing.			
Please return all correspo	ndence concerning this matter to	the following:			
	,				
	Yoanys	S Carballo M	Migvez_		
	<u> </u>	MAIR LLC Firm/Company	,		
	610 Hockingt	ord Ln. A Hamo	nte Springs, PL. 32714.		
		City/State and Zip Code			
	Ottomanair	Chyrstate and zip code	M		
	E-mail address: (to b	be used for future annual report notif	ication)		
For further information co	oncerning this matter, please call:				
Young Carb	allo Miguez	at (UT) Daytime	- 2172 : Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on o Liability Company)	ur records.)
were filed on 6/2	29/2023 and assigned
oility company here:	
ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
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address on our record	s, enter the name of the new registered
	
Enter Florida str	eet address
	Florida
City	Zip Code
e performance of my d provided for in Chapt	rity. I further agree to comply with the uties, and I am familiar with and er 605, F.S. Or, if this document is afirm that the limited liability
	enter Florida strategy to act in this capace of my deprovided for in Chapt

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
AR_	Wette Gomez	610 Mackingbird Ln. A Hamonte Springs, fl. 3	□Add 32714
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	isted, the date must ascrted in this blo						
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ed <u>J</u>	4 10	141	. 202	2.			
	10 9	Signature of a	member or autho	rized representati	ve of a member		

Filing Fee: \$25.00