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(Address)
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COVER LETTER

TO: Registration S Division of Co					
	perty Group, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ERIC SANCHEZ				
		Name of Person			
		Firm/Company			
	221 NE 9TH AVE				
		Address			
	DEERFIELD BEACH, FL	33441			
	erics3000@yahoo.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:			
Eric Sanchez		440 339-4217			
Name	of Person	at () Area Code Daytimo	e Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25,00 Fifing Fec	☐ \$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 Addre	iss:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & N Property Group, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>(18.</u>)
The Articles of Organization for this Limited Liability Control Li	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
E& N Aviation Group, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Willing dadress MAT DE ATOST OFFICE DOX		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	XX
	r	lorida
	City	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>	Name	Address	Type of Action
			☐Add
			□ Всиюче
			□Change
			☐ Add
			□ Remove
			☐ Change
			☐Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Петюче
			□Change
			□ Пенюче
			□Change

Business purpose is to act as a broke	or for private jet charters and aircraft sales and acquisitions.

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	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (k does not meet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective dard is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 06	2024
Dated	gnature of a member or authorized representative of a member

Filing Fee: \$25.00