L23000338644

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COVER LETTER

Carried Contract

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
CUDIFCT		AIRCRAFTS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Roberth Cabrera		
			Name of Person	
			Firm/Company	
	1600 SW 67th Ave			
	Address			
		North Lauderdale, FL 330	68	
		R.Cabrera@skyhighaircraft	City/State and Zip Code	
		· ·	to be used for future annual report notificat	ion)
For further in	nformation c	oncerning this matter, please ca	all:	
Roberth Cal	brera		754 274-3330 at ()	_
	Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a	a check for the	he following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration		Street Address: Registration Section	n
		Comorations	Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.):
The Articles of Organization for this Limited Liability Co. Torida document number 1.23(XX)338644		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
SKYHIGH AIRCRAFT, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	
		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
nutting uturess may be a room of the boay		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SKYHIGH AIRCRAFTS LLC

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 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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
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ective date, if other than the dat effective date is listed, the date must be see: If the date inserted in this block ument's effective date on the Depart	loes not meet the ap	oplicable statuto	ing or more than 90 c ry filing requireme	_ (optional) lays after filing.) Pursus ents, this date will no	int to 605,020 of be listed a
cord specifies a delayed effective da s filed.	e, but not an effecti	ve time, at 12:0	l a.m. on the earli	er of: (b) The 90th	day after th
December 2	2024				
		· · ·			
	#	- 1h' 1			
Sign	ature of a member or	authorized repres	entative of a membe	r	