## L23000404932

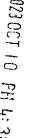
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## . COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		Vert Aviation ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	A~	drew Wert	
		Name of Person	
	Andreu	Wert Aviation Firm/Company	n LLC
	6886 5	San Jose Loop  Address	··
	New Port	Kichey, FL 3L	1655
	andien	Richey FL 31  City/State and Zip Code  1. We(+ @ live.Code  to be used for future annual report notifi	<u>~</u>
For further information of	Formall address: ()		ication)
Andrew	Wert	at (727) 810 -	1590
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	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 (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

Andrew We	ert Aviation L	LC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L23000404932</u>	Company were filed on	8/29/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<b>z</b> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>	2
	<del></del> -		2023
			66 77
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u>-1-1</u>		
			<del>f.</del> ω
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our re	cords, <u>enter the name o</u>	The new registered
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	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 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
MGR	Andrew Wert	6886 San Jose Loop	MAdd
		6886 San Jose Loop New Port Richey, FL 3	346 55   Remove
			□ Change
		<del></del>	🗆 Add
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fective	date, if other than the date of filing: (optional)	
<u>ote:</u> If t	ive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.020 ted a
eument	s effective date on the Department of State's records.	
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)—The 90th day afte	a th
tod	October 4th 2023	
	ann Att	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00