L23000428499

| (Requestor's Name) |
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| (Addiess) |
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| (City/State/Zip/Phone #) |
| ☐ PICK-UP ☐ WAIT ☐ MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration : Division of C | Section orporations | | | |
|--|--|--|------------------|--|
| Moorhead SUBJECT: | d Aeronautical Enterprise LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | · · · · | |
| The englosed Articles of | of Amendment and fee(s) are sub | smitted for filing | | |
| | pondence concerning this matter | • | | |
| | Cullen Moorhead | | | |
| | | Name of Person | | - |
| | Moorhead Aeronautical E | nterprise LLC | | |
| | | Firm/Company | | - |
| | 3250 Nicks Pl | | | 700 |
| | | Address | | 30 |
| | Clearwater Fl, 33761 | | | 73 |
| | | City/State and Zip Code | | 2023 OCT 30 AH 9: 17 SEON LENGTSEE, FL |
| | moorheadcullen@gmail.com | m to be used for future annual report notifi | cation | E.S. |
| For further information | concerning this matter, please c | · | carrony | FPE -1 |
| Cullen Moorhead | | 727 698-7324 | | |
| Name | of Person | at () Area Code Daytime | Telephone Number | r |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25.00 Fiting Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| Mailing Addr Registration Division of P.O. Box 63 | Section Corporations | Street Address: Registration Sect Division of Corp The Centre of Ta | orations | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records d Liability Company) | <u>:</u>) |
|---|---|--------------------------------|
| The Articles of Organization for this Limited Liability Compar Florida document number L23000428499 | ny were filed on 09/14/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered officagent and/or the new registered office | e address on our records, <u>enter t</u> | the name of the new registered |
| agent and/or the new registered office address nere: | | ' 司 - |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Fla | rida |
| | , F10 | Zin Code |

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

Moorhead Aeronautical Enterprise 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 |
|--------------|-----------------|----------------------|--|
| MGR | Cullen Moorhead | 3250 Nicks Pl. | ≡ Add |
| | | Clearwater Fl. 33761 | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | - | □Change |
| | | | ZS DAdd DA OC BETTE OCCUPANT |
| | | | SSE STATE |
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| ffective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be prior to a | (option | al) | o 605 0207 / |
| Solution If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records. | | | |
| , , , , , , , , , , , , , , , , , , , | | | |
| record specifies a delayed effective date, but not an effective time list filed. | e, at 12:01 a.m. on the earlier of: (b) | The 90th day | after the |
| October 25th 2023 | | | |
| Call 1 | • | | |
| Signature of a member or authorize | ed representative of a member | | _ |
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