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COVER LETTER

TO: Registration: Division of C					
	Standard Tailwinds LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Mark Switaj				
		Name of Person			
	Eastern Standard Tailwing	Is LLC			
		Pirm/Company			
	1900 N Bayshore Dr Apt 2702				
		Address			
	Miami, FL 33132				
	mswitaj@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please c	all:			
Mark Switaj		508 294-2647			
Name of Person		Area Code Daytime Telephone Number			
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)			
Mailing Addi Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	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

Eastern Standard Tailwinds El.C		
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.24000214472	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		iter the name of the new regi
igent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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
AMBR	Mark Switaj	1900 N Bayshore Dr Apt 2702	
		Miami, FL 33132	□Remove
			≘ Change
AMBR	Kevin Fletcher	1900 N Bayshore Dr Apt 2702	≣ Add
		Miami, FL 33132	TRemove
			□Change
			⊒Remove
			□Change
			□Add
			⊒Remove
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record specifies a do I is filed.	elayed effective date, bu	it not an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The S	Oth day after the
		2024			
May 25					
ated May 25			- ·		
Dated May 25	nu lA		_		
Dated May 25	New A	of a member or authori	zed representative of a	member	