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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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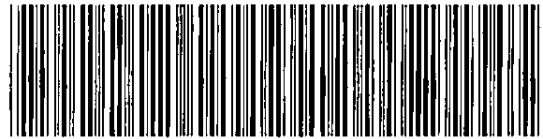
(Business Entity Name)

(Document Number)

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2024 AUG 20 AM 11:57
SECRETARY OF STATE
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevate Aerial Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Henriques
Name of Person

Elevate Aerial Services
Firm/Company

8476 Chatsworth St
Address

Spring Hill, FL 34608
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FL
AUG 20 2024

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2024 AUG 20

For further information concerning this matter, please call:

Jonathan Henriques at (352) 942-5879
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Elevate Aerial Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/24/2024 and assigned Florida document number L24000240889.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Carlos, C Masjuan	1726 Winegard rd,	<input type="checkbox"/> Add
		2nd floor #328,	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2024 AUG 20 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 20 AM 11:58
SECRETARY OF DEFENSE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-19-2021 BY 60322
UCBAW/STP

2021 AUG 20 AM 11:58
SECRETARY OF DEFENSE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-19-2021 BY 60322
UCBAW/BJA

(If an effective 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 605.0207 (3)(b)

Dated July 23, 2024

Jonathan Herrick

Jonathan Henriques

Typed or printed name of signee