9/13/24, 8/31 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	Fax Number : (850)617-6383 From: Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613 Account Number : (877)919-2613 Fax Number : (877)919-2613 Account Number : (877)919-2613	Fax Number : (850)617-6383 From: Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613 Account Number : (877)919-2613 Phone : (877)919-2613 Account Number : (877)919-2613 Account Number : (888)462-3453 Fax Number : (877)919-2613	Fax Number : (850)617-6383 From: Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613 Account Number : (877)919-2613 Fax Number : (877)919-2613 Account Number : (888)462-3453 Fax Number : (877)919-2613 Account Name : Incertage	Fax Number : (850)617-6383 From: Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613 Account Number : (877)919-2613 Fax Number : (877)919-2613 Account Number : (888)462-3453 Fax Number : (877)919-2613 Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613	Fax Number : (850)617-6383 From: Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613	Fax Number : (850)617-6383 From: Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613
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COVER LETTER

TO:	Registration Se Division of Cor			(((H24000312367 3)))
cr:p u	ecm.	AUTO PILOT E	EXOTIC RENTALS LLC	
SUBJE	.CT:	Name of Lin		
The en-	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		-	Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	
		efile1234@incfile.com		
• •			to be used for future annual report notificatio	n)
For Iur	ther information c	oncerning this matter, please of	all;	
LOVE	TTE DOBSON		1 (888) 462-3453 at () Dayrime Tele	
	Name o	f Person	Area Code Daysime Tele	ephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (udditional 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

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(((H24000312367 3)))

AUTO PILOT EXC	OTIC RENTALS LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.24000295190}{1.24000295190}$.	ny were filed on 07/01/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
AUTO PILOTS EXOTICS LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
		202
B. If amending the registered agent and/or registered office	e address on our records, enter the na	me of the hew registered
agent and/or the new registered office address here:		号 江
		61
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	55 55
	. Florida	.
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am s provided for in Chapter 605, F.S. Or	familiar with and r, if this document is
If Ch	anging Registered Agent, Signature of New R	egistered 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:

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MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			DAdd
			Remove
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ective date, if other than the date in effective date is listed, the date must be ter. If the date inserted in this block turnent's effective date on the Department.	e specific and cannot be pri k does not meet the app	licable statutory filin	(option ore than 90 days after to g requirements, this o	ling.) Pursuant to 605,0207
cord specifies a delayed effective d s filed.	ate, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ed SEPTEMBER 13	. 2024	·		
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Filing Fee: \$25.00