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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: Florida Flyers Aviation LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Cindy Zayas Name of Person
Florida Flyers Aviation LC Firm Company
1327 Lake Baton Drive
De Hona, FL 32725 City State and Zip Code
Florida Flyers Aviation @ arrail, com [:-mail address: 110 be used for tunure annum report nontheution]
For further information concerning this matter, please call:
Cindy 2ayas at 863 409-5953 Name of Gerson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Xi \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	Vation LLC and Liability Company as it now appears of (A Florada Limited Liability Company)	a our records)
The Articles of Organization for this Limited I	and assigned	
Florida document number <u>L24000 3</u>	<u> </u>	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	;
The new name must be destinguishable and contain the	wards "Limited Leability Company "the design	engion "H C" or the abbreviation "L L C"
Enter new principal offices address, if appli		
Principal office address MUST BE A STRE	ET ADDRESS)	-
		17.12 W
Enter new mailing address, if applicable:		
		700 U
Mailing address MAY BE A POST OFFICE		<u> </u>
		——————————————————————————————————————
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	
 -	1377 / aka Bat	na Oniva
New Registered Office Address:	Enur Florida	i nuce aquen
	Doltora	on Oriva surver address Florida 32725 Zip Code
		i idi iidi <u> </u>

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>	Name	Address	Type of Action
<u>mbr</u>	Christopher Junseri	1709 W Embassy Drive	□ Add
		Deltona, FL 32725	XRemove
			□Change
			□Add
			DRemove
			DChange
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fective	e date, if other than the date of filing:	
ite: II	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual the date inserted in this block does not meet the applicable statutory filing requirements, this date will not it's effective date on the Department of State's records.	m to 605.020 t be listed æ
ecord :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th d l.	lay after the
1 m 1	August 29 . 2024	
iicu _		
		
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00