## L24000434559

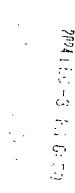
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S. PRATHER

## **COVER LETTER**

TO: Registration Section

Division of Car	rporations		•				
SUBJECT:	Absolute I	Horizon Aerospace LLC					
30 Batte 17		nited Liability Company					
The enclosed Articles of	Amendment and feers) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		Daniel Miller	····				
		Name of Person					
	E	E. Daniel Miller, CPA, PC					
		Firm Company					
	130	16 Eastfield Rd, 200-252 Address					
		Address					
	Н	untersville, NC, 28078 City State and Zip Code					
	avaldo	r@edanielmillercpa.com					
	E-mail address: (	to be used for future annual report not	ofication)				
For further information c	roncerning this matter, please c	all:					
Daniel	Miller	at (_704) _ 565-9923					
Name of Person		Area Code Daytii	ne Telephone Number				
Enclosed is a check for t	he following amount:						
☐ \$25.00 Filing Fee	IX \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres	χ.	Street Address:					
Mailing Address: Registration Section		Registration Section					
Division of C		Division of Corporations					
P.O. Box 632		The Centre of					
Tallahassee.	FT. 04014	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Observate Herinan Ann		
Absolute Horizon Aer	ospace LLC	
(A Floric	lity Company as it now appears on our reco la Limited Liability Company)	<u>ντιν.</u> )
		•
The Articles of Organization for this Limited Liability (	Company were filed on <u>10/15/2024</u>	and assigned.
lorida document number <u>L24000434559</u>	·	٠٠.
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RFSS	
Thropin office maress story by Markett Mar		
Enter new mailing address, if applicable:	<del> </del>	
Mailing address MAY BE A POST OFFICE BOX)		
> 16	. 1 . 12°	
<ol> <li>If amending the registered agent and/or registere agent and/or the new registered office address here:</li> </ol>	ed office address on our records, <u>ent</u>	er the name of the new regis
gent and or the new registery office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
new registered variet auditess.	Emer Florida street add	lress
	City	Florida Zw Code
	r n).	гар с нас

## 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>	Name	Address	Type of Action
AMBR	Jessika Bolin	5151 SW 20th St, Fort Lauderdale, Fl, 33317	XiAdd
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reord spee is filed.	ities a delayed effectiv	re date, but i	not an effective	: time, at 12:	OI a.m. on th	he earlier o	t: (b) The	: 90th day a	ifter the
ted	November 26th	1	. 2024	·					
		Motz	Ba	_					
		/ <b>/</b>	_						
_		Signature of	fa member or au	thorized repre	esentative of a	member			35
_		Signature of		thorized repro	esentative of a	. member			2024 1

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