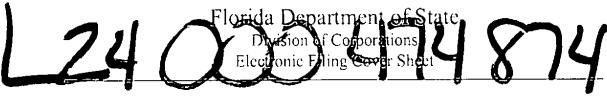
11/20/2024, 8:26 AM PST TO: +18506176383 FROM: 18334800597 PAGE 2/5

11/20/24, 11:22 AM

Division of Corporations





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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RBKSE

Account Number : I20220020176 Phone : (305)505-6444 Fax Number : (833)480-0597

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUPITER AERO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUPITER AERO LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of	were filed on 11/08/2024 and assigned
Florida document number L24000474374	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Imperial Acro LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Euter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

Cw

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

11/20/2024, 8:26 AM PST TO: +18506176383 FROM: 18334800597 PAGE 4/5

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
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he record ord is fil	d specifies a dela led.	yed effective date	e, but not an effec	aive time, at 12:0	La.m. on the car	licr of: (b) The 90t	h day after the
Dated	11/19		2024				
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		Signa	ture of a member o	r authorized repres	entative of a memb	er	
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