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.

(((H24000398958 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI 5

Account Number : I20040000031

Phone : (800)906-9220

: (800)906-9880 Fax Number

•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 . . INTEGRITY AERO LLC

## Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25.00



December 5, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

INTEGRITY AERO LLC 7150 REPUBLIC AIRPORT STE 101 FARMINGDALE, NY 11735

SUBJECT: INTEGRITY AERO LLC

REF: L24000477917

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What are you wanting to do with John Hynes?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux FAX Aud. #: H24000398958 Regulatory Specialist II Letter Number: 224A00026365 To.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGRITY AERO LLC			
(Name of the Limited Liability Company (A Florida Limited Lin	as it now appears on our record hility Company)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L24000477917</u>	ere filed on 11/13/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ly company here:		
The new name must be distinguishable and end with the words "Limited Liabili-	ry Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		The supplemental and the supplemental in the s	
(Principal office address MUST BE A STREET ADDRESS)			
	· 444,		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our record	s, 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 addres	20	
	City P1	Drida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, a avided for in Chapter 605, dåress, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is at the limited liability	
If Changi	ing Registered Agent, Signature	of New Registered Agent	

Page 1 of 3

MGR = Manager

To:

Hamending the Managers or Authorized Member on our records, enter the title name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Type of Action Address Title Name CHRIS RICHARDS 7150 REPUBLIC AIRPORT STE 101 AMBR FARMINGDALE, NY 11735 Remove CHRIS RICHARDS 4129 Aviation Drive MGR Kissimmee, FL 34741 4129 Aviation Drive JOHN HYNES MGR Kissimmee, FL 34741 bbA 🗇 \_\_\_\_\_ D Remove ☐ Remove

To:

Ifamo	ending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
_		
_		
_		
	a maril and the last resident from the state of the state	
_		
The effe	live date, if other than the date of filing: _ ective date must be specific, cannot be prior to date of this document is filed by the Florida Department of	f receipt or filed date and cannot be more than 90 days after
Dated	November 25	2024
•	Chin 1	Richard
	Signature of a men	ther or authorized representative of a member
	CHRIS RICHARDS	
	Ty	ped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00