M20000000927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

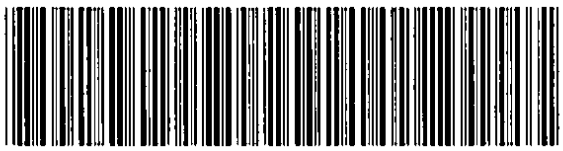
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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2023 NOV 17 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: WHEELS UP PRIVATE JETS LLC
Ref. Number: M20000000927

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WHEELS UP PRIVATE JETS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY but your entity is a APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 823A00026767

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: $25.00

Authorization Signature: _____ :

WHEELS UP PRIVATE JETS LLC M20000000927

BUSINESS NAME DOCUMENT #

___Certified Copy

___Certificate of Status

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TALLAHASSEE, FLORIDA

NEW FILINGS

____Profit Corp

____Not for Profit

____Limited Liability

____Domestication

____LLLP

____CORP

____Other

____Other

AMMENDMENTS

_x_Amendment

___Resignation of R.A. Officer/Director

___Change of Registered Agent

___Revocation of Dissolution

___Merger

___Articles of Conversion

___Restated Articles of Incorporation

___Statement of Authority

OTHER FILINGS

___Apostille

___Country

___Annual Report

___Fictitious Name

REGISTERATION/QUALIFICATIONS

___Foreign filing

___Reinstatement

___Qualification

___Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wheels up PrivAte Jets LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Person

wheels up PrivAte Jets LLC
Firm/Company

601 west 26 Street Suite 900
Address

New York ny 10001
City/State and Zip Code

MikePollard3030gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MikePollard at (904) 3769763
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (19.15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Wheels up Private Jets, LLC

Enter new principal office 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) 4830 Ari D Ave #200 Las Vegas, NV 89115

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2. The Florida document number of this limited liability company is: M20000000927

3. Jurisdiction of its organization: KY

4. Date authorized to do business in Florida: 1-17-2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and or registered officer address on our records, 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 Address

_____, Florida
City *Zip Code*

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title Capacity	Name	Address	Type of Action
P	Michael Pollard	601 West 26th Street Suite 900 New York NY 10001	X Add ☐ Remove
D	Michael Pollard	255 E Tropicana Ave Ste # 128 Las Vegas NV 89169	X Add ☐ Remove
T	Michael Pollard	1480 SW 43 RD St Fort Lauderdale FL 33315	X Add ☐ Remove
MgM	Michael Pollard	4100 SW 11th terrace Fort Lauderdale FL 33315	X Add ☐ Remove
CEO	Michael Pollard	151 gun club Rd St Augustine, FL 32095	X Add ☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

RR Pres Dir Owner
Signature of the authorized representative

Michael Pollard President/Owner
Typed or printed name of signee

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TALLAHASSEE, FL

Filing Fee: $25.00