

11200000000927

(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



200424291992

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2024 FEB 26 AM 10:22
CLERK OF STATE
TALLAHASSEE, FL

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2024 FEB 26 PM 3:22
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TALLAHASSEE, FL

W. HUNT
02/26/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 02/26/24
Order #: 1438234-1
Re: Wheels Up Private Jets LLC
Processing Method: Routine

ED
2024 03 16 AM 10:23
DEPT OF STATE
TALLAHASSEE, FL

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195
AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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)

c/o Wheels Up

601 West 26th Street, Suite 900

New York, New York 10001

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

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: 01/17/2020

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.

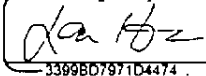
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Michael Pollard	601 West 26th Street, Suite 900	<input type="checkbox"/> Add
		New York, NY 10001	<input checked="" type="checkbox"/> Remove
D	Michael Pollard	255 ETropicana Ave. Ste #128	<input type="checkbox"/> Add
		Las Vegas, NV 89169	<input checked="" type="checkbox"/> Remove
T	Michael Pollard	1480 SW 43rd St	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input checked="" type="checkbox"/> Remove
MGM	Michael Pollard	4100 SW 11th Terrace	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input checked="" type="checkbox"/> Remove
CEO	Michael Pollard	151 Gun Club Rd	<input type="checkbox"/> Add
		St. Augustine, FL 32095	<input checked="" type="checkbox"/> 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.



339980797104474

Signature of the authorized representative

Laura Heltebran

Typed or printed name of signee

Filing Fee: \$25.00

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