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| Special Instructions to Filing Officer: |
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| JLM AVIAT | TION AND CONSULTING S | ERVICES LLC | |
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| 50 03 101. | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | JOAO LUIZ MALAGO | | |
| | | Name of Person | |
| | JLM AVIATION AND CO | ONSULTING SERVICES LLC | |
| | | Firm/Company | |
| | 23269 STATE RD 7, SUIT | ΓE 119 | |
| | | Address | |
| | BOCA RATON, FL, 3342 | 8 | |
| | | City/State and Zip Code | |
| | primeincometax1@gmail.co | | |
| | | to be used for future annual report notif | ication) |
| For further information co | oncerning this matter, please co | all: | |
| JOAO LUIZ MALAGO | | 561 4093106 | |
| Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | <u>u</u> | Street Address: | |

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLM AVIATION AND CONSULTING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/29/2013 and ass. Florida document number __L13000106736 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.) Enter new principal offices 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type o |
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| an effectiv | re date is liste | ed, the date must | be specific and | cannot be | prior to date | of filing or r | nore than 90 | days after filu | il) ng.) Pursuant to 6 |
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| | | | Signature of a | namber or | authorized r | representativ | of a membe | <u> </u> | |
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