6/22/2021

Division of Corporations

→ FL SOS

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Account Number : I19980000047 Phone : (407)423-7656 Fax Number : (407)648-1743

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **6K AIRWORKS LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6K AIRWOR (Name of the Limited Liability Comp (A Florida Limited		records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000241382</u>	were filed on 11/22/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	One Independent Drive Suite 1300		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Ft 32202		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	One Independent Drive S Jacksonville, Fl 32202	SECRE ARE OF TARK OF T	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>c</u>	enter the rame of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	udiress	
	, Florida		
	City	_, Florida Zip Cade	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	re to act in this capacity. performance of my dutie	I further agree to comply with the s, and I am familiar with and	

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

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

Title	<u>Name</u>	Address	Type of Action
MGR	William N. Joy	1923 Beach Avenue	
		Atlantic Beach, FL 32233	
			☐ Change
MGR	Roy Thicle-Sardina	660 Windsor Dr.	
		Menlo Park, CA 94025	□Remove
			□Change
<del></del>			
			□Remove
			□Add
			ĽRemove
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			🗀 Remove
			[] Change
·			🖸 Add
			C]Remove
			Chaper

D. II amending an	y other information, ente	er change(s) here: (2	Attach additional sheets,	if necessary.)	
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E. Effective date, if	other than the date of fil listed, the date must be specific	ling:		(optional)	
Note: If the date	inserted in this block does no ive date on the Department o	ot meet the applicable s	e of thing or more than 90 day tatutory filing requirement	s after filing.) Pursuant to 6 ts, this date will not be li	05.0207 (3)(b) sted as the
If the record specifies a record is filed.	a delayed effective date, but r	not an effective time, a	: 12:01 a.m. on the earlier	of: (b) The 90th day af	ter the
Dated	June 22	2021			
		1 A			
	Signature of	a member of authorized	representative of a member		
		Roben S. Bernstei	n		
<del></del>	<del></del>	Typed or printed nam			

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