**Division of Corporations Electronic Filing Cover Sheet** 

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Fax Ni	ımber : (850)617-6	
		1.
From:	nt Name : RASCO KLOG	CK PEREZ & NIETO, P.L.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	abazo(a)rascoklock.com
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8/ No. 2/2 to 2 to 2/2 binding - 2 to 200 miles 4/2/2 to 200 to 2	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GX AVIATION, LLC**

Certificate of Status	0
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Page Count	03
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SEP 24 2019 M. SOLOMON GX AVIATION, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears la Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability of Florida document number L19000222529		1/2019	_ and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C.	17
Enter new principal offices address, if applicable:				20
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>	<u></u>
·		,		
			** •	$\omega$
Enter new mailing address, if applicable:	<u></u>			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				— <del>6-4</del>
	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:	tered office address on d			<del></del>
ISEM NESISTARIA VIII SE ALGIRESS.	Entar Florid	estreat address		
		. Florida		
	Cip <sup>e</sup>	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registere	d Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of m gent as provided for in Ch ed office address, I hereby	v duties, and I am fami ipter 605, F.S. Or, if th	iliar with an his documen	d
	If Changing Registered Agen	t, Signature of New Registe	red 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

<u>Title</u>	Name	Address	Type of Action
MGR	RICARDO BREIM GOBETTI	14580 NW 44TH CT SUITE 105	
——	.,	OPA LOCKA FL 33054	□ Add
			☐ Remove
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for the purchase and sale of aircrafts and aircrafts' parts, as	well as any and all lawfull
purposes managers and members may decide from time to t	ime.
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	변경: 원:
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tive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to a  If the date inserted in this block does not meet the applicable that it is effective date on the Department of State's records.	(optional)  date of filing or more than 90 days after filing.) Pursuant to 603 e statutory filing requirements, this date will not be list
cord specifies a delayed effective date, but not a 90th day after the record is filed.	on effective time, at 12:01 a.m. on the earli-
september 2.3 2019	
and the second s	And the state of t
Signature of a member of authorize	<del></del>

Page 3 of 3

Filing Fee: \$25.00