Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To.		
	To: Division of Corporations		32-7
	Fax Number : (858)617-6383		<u> </u>
	From:		<u> </u>
	Account Name : C T CORPORATION	ON SYSTEM	OF STATE
	Account Number : FC4000000023 Phone : (614)280-3338		二二元
	Fax Number : (954)208-0845		′ ≅ č
	annual report mailings. Enter only Email Address: LLC AMND/RESTATE/CORRI	ECT OR M/MG RES	
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: **3**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	-1			
A	pollo Aviation Group. I	LLC		male .
(Name of the Limited Lin	nilley Company as it now appe	ars on our records.)	2	10000
The Articles of Organization for this Limited Liability		luna 11 2007	Cand assissance	
Florida document numberL07000061290			12: 5 E. FL	
This amendment is submitted to amend the following	:		1 E W	
A. If amending name, enter the new name of the l	imited liability company l	<u>iere</u> :		
Carlyle Aviation Group, LLC				
The new name must be distinguishable and contain the words "I	imited Liability Company," the	designation 'LLC' or the a	bbreviation 'L.L.C."	
Enter new principal offices address, if applicable:		113**		
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address t	on our records, <u>enter</u>		<u>he new</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enuo Florida soveet address			
	, Florida			
	Сиу		ZipCode	
New Registered Agent's Signature, if changing Regist				
I hereby accept the appointment as registered age	nt and agree to act in thi	s capacity. I further as	gree to comply w	ith the

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

Page 1 of 3

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	Name	Address	Type of Action		
			Add		
			Remove		
			Change		
			☐ Remove		
			Change		
			Add		
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