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| (R | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (B | usiness Entity Name) | | |
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| Certified Copies | Certificates of | Status | |
| Special Instructions to | o Filing Officer: | | |
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COVER LETTER

| TO: | Registration S Division of Co | | , | · • | • • |
|-----------------|----------------------------------|--|---|------------------|--|
| | Holland St | neltair Aviation Group, LLC | - | • | 5 - |
| SUBJE | CT: | Name of Lin | nited Liability Company | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| | | ondence concerning this matter | _ | | |
| | | Dena Auletto | | | |
| | | | Name of Person | • | |
| | | Saavedra-Goodwin | | | |
| | | | Firm/Company | | |
| | | 312 S.E. 17th Street, 2nd I | Floor | | |
| | | | Address | | |
| | | Fort Lauderdale, FL 3331 | 6 | | |
| | | | City/State and Zip Code | · - | |
| | | dauletto@saavlaw.com | | | |
| | | | to be used for future annual rep | ort notification | 1 |
| For furtl | her information c | concerning this matter, please c | all; | | |
| Dena A | uletto | | 954 767-6 at () | 333 | |
| | Name e | of Person | | Daytime Telep | hone Number |
| Enclosed | d is a check for t | he following amount: | | | |
| ■ \$25 . | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration | Section | | on Section | |
| | Division of C | orporations | Division o | of Corporati | ons |

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

Holland Sheltair Aviation Group, 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 C | ompany were filed on 05/18/2004 | 」 素ind assigned |
| Florida document number L04000037577 | <u>_</u> , | 特尔 & |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | <u> </u> | ·· |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered | l office address on our records, <u>enter</u> | 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 addres | <i>S</i> |
| | F1. | orida |
| | 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

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|---------------------------------------|----------------|
| COO/S | Warren D. Kroeppel | 4860 N.E. 12th Avenue | □Add |
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| effective date is listed, e: If the date inserte | r than the date of fili the date must be specific a ed in this block does not te on the Department of | ind cannot be prior to d t meet the applicable | ate of filing or more that statutory filing requ | (optional) n 90 days after filing.) Pursu irements, this date will n | uant to 605.0207 not be listed as |
| cord specifies a dela | yed effective date, but n | ot an effective time, | at 12:01 a.m. on the | earlier of: (b) The 90th | n day after the |
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Filing Fee: \$25.00