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COVER LETTER

Division of Corporations Mobile Aircraft Services, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Craig I. Kelley Name of Person Kelley, Fulton & Kaplan, PL Firm/Company 1665 Palm Beach Lakes Blvd, Suite 1000 Address West Palm Beach, FL 33401 City/State and Zip Code craig@kelleylawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian Smith 561 491-1200 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile Aircraft Services, LLC				
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I Florida document number L04000078001			_ and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the abbreviation "L. $\frac{1}{2} \stackrel{\text{Col}}{\leftarrow} \frac{1}{2} \stackrel{\text{Col}}{\leftarrow} \frac{1}{2}$	L.C."	
Enter new principal offices address, if appli	cable:	- <u></u> <u>S</u>	8-1	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>		
		25. Z		
Enter new mailing address, if applicable:		9: 3		
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of	•	n our records, <u>enter the name</u>	of the	
Name of New Registered Agent:	Craig I. Kelley			
New Registered Office Address:	1665 Palm Beach Lakes Blvd	, Suite 1000		
	Enter Flo	orida street address		
	West Palm Beach	Florida ³³⁴⁰¹		
	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 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, <u>enter the title, name, and address of each person_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Tamara Sabo CFO		3800 Southern Blvd. Ste. 503 West Palm Beach, FL 33406	□ Add
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an effec	re date, if other than tive date is listed, the date f the date inserted in thi	must be specific a	md cannot be prior t			filing.) Pursuant		
e reco	nt's effective date on the	yed effective	date, but not	an effective ti	me, at 12:01 a	.m. on the	earlie	r of:
	90th day after the							
ated _	August	25	2019	_ ·				
		Signature of	a member or autho	rized representative	of a member			
	Todd J. Sabo		Tola					
	-		Typed or printed	i name of signee	 .			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00