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.

(((H20000311874 3)))



H200003118743ABC-

| from this page. Doing so will generate another cover sheet. | FP -8 |
|---|-------|
| To: | 7 |
| To: | ~ |

20 SEP -8 PH 4: 4

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124

Phone : (305)476-7100

Fax Number : (305)476-7102

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@rascoklock.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVIOR AIRLINES SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |



STATEMENT

SEP 0 7 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . OF

| AVIOR AIRLINES SERVICES, LLC | | |
|---|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our reciability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company of Florida document number 1.06000106664 | were filed on 11/02/2006 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation " | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | SE |
| (Principal office address MUST BE A STREET ADDRESS) | | 1 |
| | | |
| | | H 2: |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | ddress on our records, <u>en</u> Enter Florida street ad | |
| | | Florida |
| | Ciiv | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties provided for in Chapter 60 | , and I am familiar with and 95, F.S. Or, if this document is |

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|----------------------|---------------------|------------------|
| MGR | FERNANDEZ, ANA MARIA | 8333 NW 53RD STREET | |
| | | SUITE 104 | ≅ Ren⁄ove |
| | | DORAL FL 33166 | |
| MGR | GARCIA, ELBA REBECA | 8333 NW 53RD STREET | ■Add |
| | | SUITE 104 | |
| | | DORAL Fl. 33166 | ☐ Change |
| | | | □Add |
| | | Remove | |
| | | | □ Change |
| | | | □Add |
| | | | Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |
| | | | DAdd |
| | | | □Remove |
| | | | □Change |

Filing Fee: \$25.00