L08000025771

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COVER LETTER

Division of Co	rporations		
AVIATION SUBJECT:	N TRANSPORT SALES & TRA	INING LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ondence concerning this matter to	the following:	
	GLENN G KAUTT		
		Name of Person	
	AVIATION TRANSPORT	SALES & TRAINING LLC	
		Firm/Company	
	1794 ROSCOE TURNER T	RAIL	
		Address	
	PORT ORANGE, FL 32128	3	
		City/State and Zip Code	
	gkautt@ATSTLLC.com		
	E-mail address: (to	be used for future annual report notifi	cation)
For further information of	concerning this matter, please cal	1:	
GLENN G. KAUTT		703 6294675 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		PREVIOUSLY FILED+
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	PARVOCKY FILEO+ S60.00 Filing Fee, PAD, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Andrew An

Name of the Limited Liability Comp	
(A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 3/12/2005 and assigned
Florida document number L08000025771	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
UNITED STATES AVIATION LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	2020 TEC
Enter new mailing address, if applicable:	N/A SS V (8)
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> <u> </u>
	55
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
	N/A		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	<u> </u>		
Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this becoment's effective date on the I	ist be specific and cannot be prior to date of fil block does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursua ory filing requirements, this date will no	ont to 605.0207 of be listed as
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:0)1 a.m. on the earlier of: (b) The 90th	day after the
	2020		
Dated 3 OCTOBER		+-	
Dated	Signature of a member or additional representations of the second	Sentative of a member	