

LO8 000082270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 DEC - 1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC - 1 AM 11:47

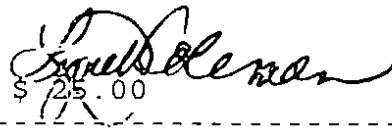
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 166719 5163326

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : November 30, 2022

ORDER TIME : 10:14 AM

ORDER NO. : 166719-015

CUSTOMER NO: 5163326

DOMESTIC AMENDMENT FILING

NAME: BEAR DEFENSE SERVICES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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2022 DEC -1 AM 10:14

Bear Defense Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/28/2008 and assigned Florida document number L08000082270.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Metrea Aviation Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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> | <u>Type of Action</u> |
|--------------|--------------------|------------------------|--|
| MGR | Alan Cornett | 5525 W. Cypress Street | <input type="checkbox"/> Add |
| | | TAMPA, FL 33607 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Daniel C. Zook | 5525 W. Cypress Street | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33607 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Thomas J. Guilfoy | 5525 W. Cypress Street | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33607 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Joseph Siniscalchi | 5525 W. Cypress Street | <input type="checkbox"/> Add |
| | | TAMPA, FL 33607 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

N/A

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STATE OF ALABAMA
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: November 30, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 30, 2022



Signature of a member or authorized representative of a member

Emmanuel A. Carousos

Typed or printed name of signee

Filing Fee: \$25.00