

L13 000039120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

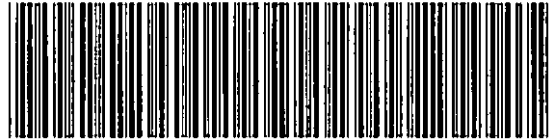
(Business Entity Name)

(Document Number)

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D BRUCE  
OCT 28 2020

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

W Aviation, 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 Company were filed on 03/14/2013 and assigned  
Florida document number L13000039120

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

EDITH RIVERA

New Registered Office Address:

15757 Pine Blvd Ste. # 258

Enter Florida street address

Pembroke Pines

Florida

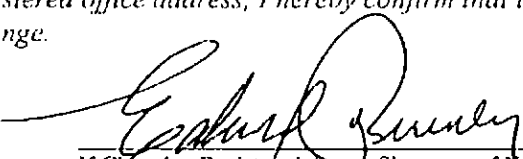
33027

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>                     | <u>Type of Action</u>                      |
|--------------|--------------------------|------------------------------------|--|
| <u>MGR</u>   | <u>GOLDSTEIN, MARK B</u> | <u>2700 N. Military trail,</u>     | <input type="checkbox"/> Add               |
|              |                          | <u>Suite 130. Boca Raton, FL</u>   | <input checked="" type="checkbox"/> Remove |
|              |                          | <u>33431</u>                       | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>LEONEL LEON</u>       | <u>5901 NW 24<sup>th</sup> WAY</u> | <input type="checkbox"/> Add               |
|              |                          | <u>FORT LAUDERDALE, FL 33309</u>   | <input checked="" type="checkbox"/> Remove |
|              |                          |                                    | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>Martinez, Ignacio</u> | <u>2700 N. Military trail,</u>     | <input type="checkbox"/> Add               |
|              |                          | <u>Ste. 130. Boca Raton FL</u>     | <input checked="" type="checkbox"/> Remove |
|              |                          | <u>33431</u>                       | <input type="checkbox"/> Change            |
|              |                          |                                    | <input type="checkbox"/> Add               |
|              |                          |                                    | <input type="checkbox"/> Remove            |
|              |                          |                                    | <input type="checkbox"/> Change            |
|              |                          |                                    | <input type="checkbox"/> Add               |
|              |                          |                                    | <input type="checkbox"/> Remove            |
|              |                          |                                    | <input type="checkbox"/> Change            |

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 TALLAHASSEE FL  
 FBI FD

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

N/A

Multiple horizontal lines for amending information.

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STATE OF FLORIDA  
TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: 09/10/2020 (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 09/10/2020

Signature of a member or authorized representative of a member

Rafael, Ayala

Typed or printed name of signee