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COVER LETTER

CR2E079 (2/14)

	egistration Section					
Đ	Division of Corporations					
SUBJECT The enclose Please return MANUEL GEARUF 6168 NW MIAMI, F For further MANUEL Enclosed p \$25 Filit STREET/ Registration	GEARUP AVIATION SOLUTIONS, LLC					
	(Name of Lie	mited Liability Com	pany)			
The enclo	osed member, resignation or dissoc	ciation and fee(s)	are submitted for filing.			
Please re	turn all correspondence concerning	g this matter to:				
MANUE	EL QUINTANA					
	(Contact Person)		-			
GEARU	IP AVIATION SOLUTIONS					
	(Firm/Company)	. .	-			
6168 N\	W 74TH AVENUE					
-	(Address)		•			
MIAMI,	FLORIDA 33166					
	(City/State and Zip Code)		•			
For furth	er information concerning this mat	ter, please call:				
MANUE	EL QUINTANA	954 at (512-3776			
	(Name of Contact Person)		& Daytime Telephone Number)			
	please find a check made payable iling Fee		epartment of State for: Fee & Certified Copy			
	Γ/COURIER ADDRESS:		MAILING ADDRESS:			
-	ion Section of Corporations		Registration Section Division of Corporations			
Clifton B	•		P.O. Box 6327			
	ecutive Center Circle		Tallahassee, Florida 32314			
Tallahass	see, Florida 32301					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEARUP AVIATION SOLUTIONS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on APRIL 10 2013	and assigned
Florida document number L13000055805	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
	 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		- 1 ON
		· ',
B. If amending the registered agent and/or regis	stered office address on our records, <u>en</u>	
registered agent and/or the new registered office add	dress here:	Harris on the
		T
Name of New Registered Agent:		
N. D. C. LOCC ALL		
New Registered Office Address:	Enter Florida street address	- No
	. Florida	3
	, 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>	Address	Type of Action
MGRM	PATRICIA G. QUINTANA	7301 SW 7TH STREET	□ Add
		PLANTATION, FL 33317	Remove
			Change
MGRM MARK B	MARK BROWN	6168 NW 74TH AVENUE	≅ Add
		MIAMI, FL 33166	Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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Note: If	date, if other than the ive date is listed, the date must the date inserted in this blacks effective date on the December 2.	ock does not n	neet the applic	able statutory i	or more than 90 day Iling requiremen	(optional) ys after filing.) P ts, this date wi	ursuant to 605. Il not be liste	.0207 ed as
	d specifies a delayed Oth day after the rec			t an effectiv	e time, at 12	:01 a.m. or	the earlie	er of
The 90	EPTEMBER 23RD		2016	·				
The 90	EPTEMBER 23RD	1	2016					

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Filing Fee: \$25.00