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(Re	equestor's Name)	
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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
SUB IDOT	ІМРАСТО	AVIATION SERVICES, LLC		
SUBJECT:		Name of Lim		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		LILY AMADOR		
			Name of Person	***;
	16.1			
			Firm/Company	PR AH
		7777 NW 146TH ST		17 SSET
			Address	P :
MIAMI LAKES, FL 33016				TALLAHASSEE, FLORIDA 16 APR 17 PM 12: 46
		LILY@SHOMARACCOU	City/State and Zip Code NTING.COM	· · · :
	•	E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
LILY AMA	DOR		305 825-1123 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
. ■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NC ADDRESS:	STDFFT/COUDIN	FD ANNDESS.

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPACTO AVIATION SERVICE	•				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	·	
(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 O4/11/2014 lorida document number L14000059477 this amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Principal office address, if applicable: 240 SW 34TH ST FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 240 SW 34TH ST	and assigned				
The Articles of Organization for this Limited Liability Company were filed on helpforida document number L14000059477 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 240 SW 34TH ST FORT LAUDERDALE, FL 33315 Enter new mailing address, if applicable: 240 SW 34TH ST FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 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:					
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abb	reviation "L.L.C."	,
Enter new principal offices address, if appli	cable:	240 SW 34TH ST	,	_	38 38
• • • • • • • • • • • • • • • • • • • •		FORT LAUDERDALE, FL 33315		70 A	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u>	(BOX)			<u></u>	ASBEEL FLUBRI
			our records, <u>enter t</u>	he name of t	he nev
Name of New Registered Agent:					
New Registered Office Address:	240 SW 34TH				
	FORT LAURE				
	FORT LAUDE	City	, Florida _ ³³³	15 Zip Code	
		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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		.	Add
			□ Remove
			Change
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the	must be specific as s block does not	nd cannot be prior t meet the applica	o date of filing or n	opt: ore than 90 days afte g requirements, th	er filing.) Pursuant to 605.0)207 I as
e record specifies a dela The 90th day after the a			an effective	time, at 12:01	a.m. on the earlier	r of
		2016				
MAY 4TH						
ated MAY 4TH		<u> </u>	_ '			
Dated MAY 4TH		a member or author	_ ·			

Page 3 of 3

Filing Fee: \$25.00