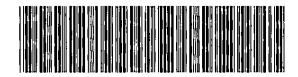
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		stration Sec sion of Corp						
			ant Group, LLC					
SUBJEC	.11		Name of Lim	ited Liabili	ity Company	y		
The enclo	osed	Articles of A	mendment and fee(s) are sub	mitted for	filing.			
Please ret	turn	all correspon	dence concerning this matter	to the foll	lowing:			
			GLORIA CONTRERAS					
			M & L ACCOUNTING SER		ne of Person	1		
			16969 NW 67 AVENUE ST		m/Company			
			Address HIALEAH, FL 33015					:3 :3
			GLORIA@MLACCOUNTING		te and Zip C E.COM	lode		DEC 12
			E-mail address: (to be used	for future an	inual report not	ification)	FK 2: 01
For furthe	er int	formation cor	ncerning this matter, please ca	all:				$\ddot{\omega}$
GLORIA	co	NTRERAS		at	305 (231-7212		.2
		Name of I	terson	ai	Area Code		ne Telephone Number	
Enclosed	is a	check for the	following amount:					
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ce	.00 Filing l rtified Cop ditional copy	y	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is e	atus &
		Registrat	GADDRESS: ion Section of Corporations 6327		Regi Divi	EET/COUR stration Section sion of Corpoon Building		

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PG CONSULTANTS GROUP, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L14000096445	ompany were filed on 06/16/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
PG AVIATION SUPPLY, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
		53
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		33
		2 57
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

	Manager = Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Remove
			Change
			□ Remove
			☐ Change
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the app	dicable statutory fili	(optional) more than 90 days after filing, ng requirements, this date) Pursuant to 605.020 will not be listed as
he record specifies a delayo The 90th day after the re		not an effective	time, at 12:01 a.m.	on the earlier o
Dated	2018	·		
V Rayla Guta	nc.			

Page 3 of 3

Filing Fee: \$25.00