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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*:

Email Address:

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CORP USA

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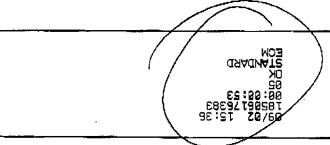
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### **COVER LETTER**

| TO: Registration & Division of Co |  |  |  |
|-----------------------------------|--|--|--|
| SPECIAL:                          | ry aircraft investmen                        | TS, LLC  |  |
| SUBJECT:                          | Name of Lin                                  | oited Liability Company  |  |
| The enclosed Articles of          | Amendment and fee(s) are sub                 | omitted for filing.  |  |
| Please return all correspond      | ondence concerning this matter               | to the following:  |  |
|                                   | OSCAR A CABRERA                              | AcT + 1000   | <u>)7.</u>   |
|                                   |  | Name of Person   |  |
|                                   | OSCAR A CABRERA P.                           | A.   |  |
|                                   |  | Рит/Сепрацу  | <del></del>  |
|                                   | 15678 SW 17 TERRACE                          |  |  |
|                                   |  | Address  | ······································   |
|                                   | MIAMI, FL 33185                              |  |  |
|                                   |  | City/State and Zip Code  | Telephone Number    \$60.00 Filing Fee,   Certificate of Status & Certified Copy   (additional copy is enclosed) |
|                                   | lorenarojasvalentin@yahoo                    |  | <del></del>  |
|                                   |  | to be used for future annual report notifi                           |  |
| For further information of        | oncerning this matter, please o              | all:   | }  |
| LORENA ROJAS                      |  | 305 80 <del>4-4</del> 428  |  |
| . Name o                          | f Parson                                     | Area Code Daytime  | Telephone Number   |
| Enclosed is a check for t         | he following amount:                         |  |  |
| \$25.00 Filing Fee                | □ \$30.00 Filing Fee & Certificate of Status | Ci \$55,00 Filing Fee & Certified Copy (unditional copy is enclosed) | Certificate of Status & Certified Copy   |
|                                   |  |  |  |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURLER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 10/17/2014 and assigned Florida document number L14000162409 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." Q Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7925 CALINDRA COURT Enter new mailing address, if applicable: TRINITY, FL 34655 (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: New Registered Office Address: Enter Florido street address

New Registered Agent's Signature, if changing Registered Agent:

SPECIALTY AIRCRAFT INVESTMENTS, LLC

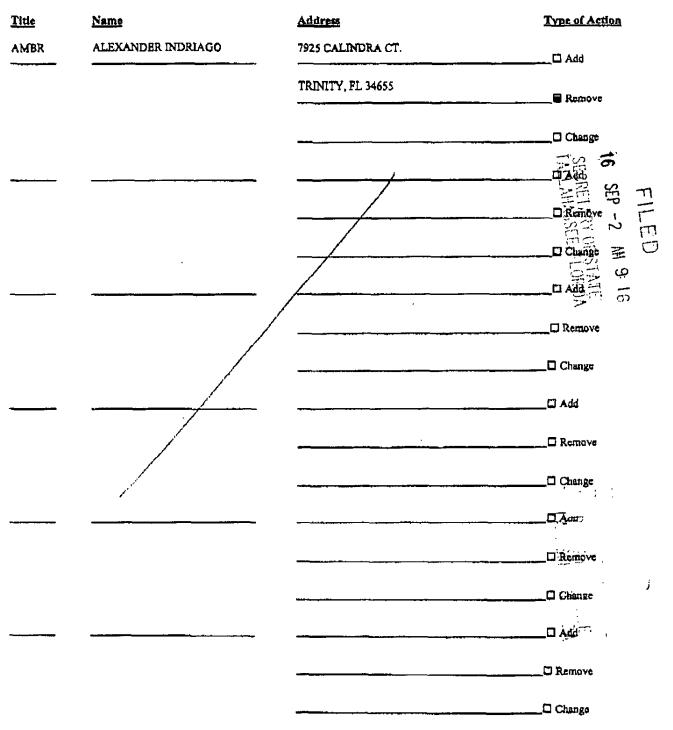
I hereby accept the appointment us registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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 hus been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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



Page 2 of 3

| . If amending any other inform   | ation, enter change(s) here: (Attach additional sheets, if neces                                      | iary.)  |                                       |                  |
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| Note: If the date inserted in this be document's effective date on the I | block does not meet the applicable statutory filing requirements, this dopartment of State's records. | ing.) Pursuant to 605.<br>ate will not be liste | ed as the                             | b)               |
| Dated 09/02/2016   | ( luly  | TA SE   | <b>ਂ</b> ਗੋ                           |                  |
|  | Signature of a member or authorized representative of a member  |   | SEP                                   | · <del>·</del> i |
| JUAN JOSE FRANCO   | Typed or printed name of signee   |   | 2 -2                                  | TILLO            |
|  | ·   | ing<br>Ho                                       | 71                                    | į                |
|  | Page 3 of 3   |   | M 9 16                                |                  |
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