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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

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

Email 1	Address:			
rwarr.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SDG AVIATION LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SDG AVIATION LLC LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>02/12/2015</u> and assigned Florida document number: L15000030406

EIN Number: 47-3216167

Article I

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 "L.L.C."

Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

5401 S KIRKMAN RD, SUITE 135, ORLANDO, FL 32819

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5401 S KIRKMAN RD, SUITE 135, ORLANDO, FL 32819	SECRET.	330 sigs	<u> </u>
Article IV	133 133 133 135 135 135 135 135 135 135		

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:

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 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

Title	Name	Address	Type of Action
AMBR	PEC TAXI AEREO LTDA	PRACA CAPITAL FRAZAO, 913 HANGAR PE	C REMOVE
		GOIANIA, GO 74672-410 BR	ADD
Title	Name	Address	Type of Action
AMBR	MELO ARANTES, EVERTON FELIPE	RUA 66, No. 84, APT 901P	REMOVE [
		GOIANIA, GO 74810-330 BR	ADD
Title	Name	Address	Type of Action
AMBR	ARANTES COSTA, MILTON	RUA 66, No. 84, APT 901P	REMOVE [
	·	GOIANIA, GO 74810-330 BR	ADD
C. If an	nending any other information, en	ter change(s) here: (Attach additional sheet:	s, if necessary.)

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: Decombal 13th 2019.

Signature of a member or authorized representative of a member

Everton Felipe Melo Arantes

Typed or printed name of signee