

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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T. L. FORD

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 PEC	REMOVE <input checked="" type="checkbox"/>
		GOIANIA, GO 74672-410 BR	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	MELO ARANTES, EVERTON FELIPE	RUA 66, No. 84, APT 901P	REMOVE <input type="checkbox"/>
		GOIANIA, GO 74810-330 BR	ADD <input checked="" type="checkbox"/>


Title	Name	Address	Type of Action
AMBR	ARANTES COSTA, MILTON	RUA 66, No. 84, APT 901P	REMOVE <input type="checkbox"/>
		GOIANIA, GO 74810-330 BR	ADD <input checked="" type="checkbox"/>

C. If amending any other information, enter change(s) here: *(Attach additional sheets, 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: December 13th, 2019.



Signature of a member or authorized representative of a member

Everton Felipe Melo Arantes

Typed or printed name of signee