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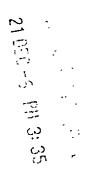
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T. MATTHEWS

DEC 15 2021

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	MDR A	viation LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	74	Aviation LCC Firm/Company	
	2600	SW 3 Avenue S	uite 850
	M	iam FL 33129 City/State and Zip Code	
	E-mail address: (senfelo 16 cmail. co	ification)
For further information c	concerning this matter, please co	all:	
David	Rosenfeld	at (305) 632-	533z
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Con	rporations
P.O. Box 632 Tallahassee,		The Centre of T	Fallahassee e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDR Aviation LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A FIORIDA	Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 1500031171</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the name of the new registere
New Registered Office Address:	
nen Registered Office Address.	Enter Florida street address
	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 adde or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member	Address 21 DEC -6 PH 3: 35	
<u>Title</u>	<u>Name</u>	Address 21 DEC -6 Pri 3. 33	Type of Action
MUR	Clarissa Rosenfeld	8575 SW 52 Avenue	©Xdd
		Miami, FL 33143	□ Remove
			□Change
Mbr	David Rosenfeld	8575 SW 52 Avenue	© ∕Add
	Miani, FL 33143	🗆 Remove	
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		2000	□Change
		🗆 Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change

· · -	21 DEG - 6 PH 3: 35
	
	
	
	
7.00 - 41 J - 42	(Cathanal and a data (Citina)
lf an effective dat	r, if other than the date of filing: (optional) e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the da	ite inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's eff	ective date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is tiled.	
Dated <u>Nov</u>	ember 30 2021
	Cathon May 18
	Signature of a member or authorized representative of a member
	Clarissa Rosenfeld Typed or printed name of signee