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To:

Page, 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone : (305)358-1310

Fax Number : (305)503-6701

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AIR COMMANDER AEROSPACE, LLC

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Help

From: Andres Rodriguez

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021-03-18 17:30:30 GMT

AIR COMN	MANDER AEROSPACE, LLC	
(Name of the Limited Labil (A Florid	ity Company as it now appears on our re- la Limited Liability Company)	tords.)
The Articles of Organization for this Limited Liability (	Company were filed on 03/31/2015	and assigned
Florida document number L15000057168		·
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	trade 7 data de 1920 - Land a la companya de la companya del companya de la companya de la companya del companya de la company	
(Principal office address MUST BE A STREET ADD	RESS)	. 21
		22 8
n		7; G
Enter new mailing address, if applicable:		17. TO
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
	•	
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street ad	dras ·
	· · · · · · · · · · · · · · · · · · ·	Florida
	Ciry	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 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: 4 of 5

<u>Title</u> .	<u>Name</u>	-	Address	Type of Action
MGR	KAMAL EL-NASHAR	_	1420 SW 43RD STREET	
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ective date, if other effective date is listed, e: If the date inserte ument's effective da	d in this block does	not meet the app	plicable statutor	ng or more than 90 ry filing requirer	(nptional) days after filing.) P ments, this date w	fursuant to 605.0 Ill not be fisted
ord specifies a delay filed.	red effective date, bu	it not an effectiv	e time, at 12:0	la.m. on the ear	lier of: (b) The 9	90th day after t
ed		2021	·			