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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor					
CHDII	Gallo Aviat	Gallo Aviation Specialty, LLC				
SUBJECT: Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Robert Ament				
			Name of Person			
		Gallo Aviation Specialty,	LLC			
			Firm/Company	<u> </u>		
		290 Utopia Circle				
			Address			
		Merritt Island, FL 32952				
			City/State and Zip Code			
		robament@cfl.rr.com				
		E-mail address: (to be used for future annual report notif	ication)		
For fur	ther information co	oncerning this matter, please c	all:			
Robert Ament			321 961-5899 at ()			
	Name of	f Person	Area Code Daytime	e Telephone Number		
Enclos	ed is a check for th	e following amount:				
■ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2015 JUL 23 PM 12: 42

SEPTICATION OF STATES THE STATES

Gallo Aviation Specialty, LLC

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

The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{3/18/2015}{2}$ and assigned
Florida document number L15000064544	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Gallo Aircraft Specialty, LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NO CHANGE
(Principal office address MUST BE A STREET ADDRESS)	290 Utopia Circle
	Merritt Island, FL 32952
Enter new mailing address, if applicable:	NO CHANGE
(Mailing address MAY BE A POST OFFICE BOX)	290 Utopia Circle
,	Merritt Island, FL 32952
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	·
Name of New Registered Agent: No changes	
New Registered Office Address:	Enter Florida street address
•	
	, Florida

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member . Address **Type of Action** Title <u>Name</u> No Changes _□ ∧dd □ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove _□ Change _ Add _□ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove

_□ Change

	No Changes ',	
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F. 60	not applicable (ontional)	
(If an e Note:	tive date, if other than the date of filing: (optional) ffective date 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	0207 (3)(b) ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	July 14 2015	
Dated		
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00