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Fax Number : (850)617-6383

From: Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : I201700000090
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAB AVIATION LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAB AVIATION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/17/2015 and assigned
Florida document number L15000105622.

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Enter Florida street address

Florida

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SAB AVIACO LTDA	RUA Professor Solon Farias, 60 Edson Queiroz CEP 60.934-375 Fortaleza-Ceara- Brazil	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	MILLENIAL TECHNOLOGIES	120 W CYPRESS CREEK RD, HANGAR 16 FT.LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Mario E. Silva De Alencar	RUA AURINO COLARES, 85 UNID 13 LAGOA REDONDA FORTALEZA - CEARA CEP 60831-435 BRASIL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	FELIPE BIANCALANA	79 SW 12TH ST UNIT# 2704 MIAMI, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	GABRIEL MAESTRACCI	3029 NE 188TH ST UNIT 809 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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Dated 04/22/ 2019

Signature of a member or authorized representative of a member

FELIPE BIANCALANA

Typed or printed name of signee