

LE500D165794

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000235842 3)))



H150002358423ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ULTRA PILOT HELICOPTER USA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 02 2015

S. YOUNG

RECEIVED

15 OCT 01 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
OCT - 1 AM 9:16
CORPORATION STATE
TALLAHASSEE, FLORIDA

08/12/2033 05:13
SEP-30-2015 17:49

VIGO & VIGO, LLP

#0276 P.002/004

H15000235842

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ULTRA PILOT HELICOPTER USA, 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 9/29/2015 and assigned
Florida document number L15000165794

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)

260 CRANDON BLVD STE 32 #95

KEY BISCAYNE, FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

260 CRANDON BLVD STE 32 #95

KEY BISCAYNE, FL 33149

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:

260 CRANDON BLVD STE 32 #95

Enter Florida street address

KEY BISCAYNE, FL

Florida 33149

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

H15000235842

08/12/2033 05:13
SEP-30-2016 17:49

VIGO & VIGO, LLP

#0276 P.003/004
300 400 0100

H15000235842
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	EDSON MARTINEZ LOPEZ	260 CRANDON BLVD STE 32 # 95	☐ Add
	JR.	KEY BISCAYNE, FL 33149	☐ Remove
			☒ Change
AMBR	BERNARDO BELLO PIMENTEL	260 CRANDON BLVD STE 32 #95	☐ Add
		KEY BISCAYNE 33149	☐ Remove
			☒ Change
AMBR	JESSICA GARJIONI	260 CRANDON BLVD STE 32 #95	☐ Add
	MARTINEZ LOPEZ	KEY BISCAYNE ,FL 33149	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
08-16 AM
SECRETARY OF STATE
TREASURY
FLORIDA

H15000235842

08/12/2033 05:13
SEP-30-2015 17:49

VIGO & VIGO, LLP

#0276 P. 004/004
300 266 3150
H15000235842
(s. if necessary.)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 09/30/2015

09/30/2015

X  Signature of a member

Signature of a member or authorized representative of a member

EDSON MARTINEZ LOPEZ JR.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000235842
TOTAL P.004