

8/30/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : 120120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

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

Email Address: info@jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SL AVIATION SOLUTIONS, LLC

| | |
|-----------------------|---------|
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| Certified Copy | 0 |
| Page Count | 04 |
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2021 AUG 30 PM 12:17

FLORIDA
TALLAHASSEE

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Corporate Filing Menu

Help

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

SL AVIATION SOLUTIONS 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 12/04/2015 and assigned
Florida document number L15000201166.

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> |
|--------------|---------------------|-------------------|--|
| MGRM | SIMON ESTEBAN LOPEZ | 4851 NW 79 AVENUE | <input type="checkbox"/> Add |
| | | SUITE 5 | <input checked="" type="checkbox"/> Remove |
| | | DORAL, FL 33166 | <input type="checkbox"/> Change |
| MGRM | MARIA GAONA | 4851 NW 79 AVENUE | <input checked="" type="checkbox"/> Add |
| | | SUITE 5 | <input type="checkbox"/> Remove |
| | | DORAL, FL 33166 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated AUGUST, 30 2021

SIMON ALEJANDRO LOPEZ

Typed or printed name of signee