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11/05/18--01031--026 **25.00

COVER LETTER

TO: Registration So Division of Co			
	rnational Aircrafts LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adrian Lecky		
	Eagle International Aircraft	Name of Person ts LLC	
	10341 Majestic CT	Firm/Company	
	Parkland, FL. 33076	Address	
	Sales@EagleAircrafts.com	City/State and Zip Code	
	E-mail address; (t	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ill:	
Adrian Lecky		954 3716969	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT FILED TO FILED ARTICLES OF ORGANIZATION OF 2018 NOV -5 AM 11: 31

Eagle International Aircrafts LLC

company has been notified in writing of this change.

SECRETARY OF STATE TALLAHASSEE, FL

(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 1.15000202584			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
Eagle International Aircraft LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," th	ne designation "LLC" or the a	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)			
			
D. If you have the state of the	~~ 1.1		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		on our records, enter	the name of the new
	_		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter F	Florida street address	
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in thi	is capacity. I further ay	gree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
		····	☐ Change
			□ Remove
			Change
			Add
			□ Remove
			_ ☐ Change
			Add
			□ Remove
			Change
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ecti reffe	ve date, if other than the date of filing: (optional) ctive 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 605.020
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cume	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
he	90th day after the record is filed.
	17.1
ted_	10/31/2018

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00