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COVER LETTER

Lavo	sier Environmental Consulting LLC.	
SUBJECT:	Name of Limited Liability Company	
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.	
Please return all c	rrespondence concerning this matter to the following:	
	Tatiana Moreira Leite Maciel	
	Name of Person	
	Lavoisier Environmental Consulting, LLC	
	Firm/Company	
	4702 W. San Jose Street	
	Address	
	Tampa/FL/33629	
	City/State and Zip Code	
	tatianaleite@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	tion concerning this matter, please call:	
Tatiana Maciel	813 992-2735 at ()	
	at () Tame of Person	Number
Enclosed is a chec	for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Lavoisier Environmental Consulting L	LC.	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 02/29/2016	and assigned
Florida document number L16000042088	.	
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of t</u> l	ne limited liability company here:	
Unifly Aviation LLC.		
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	OX)	
		,
B. If amending the registered agent and/or	registered office address on our records,	enter the mane of the n
registered agent and/or the new registered offic		福岛 五
		129 129
Name of New Registered Agent:		
name of their regimered rigen.		A D
New Registered Office Address:		<u> </u>
	Enter Florida street address	원 원 26
	, Flori	
	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>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
	<u> </u>		
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			□ Change

Hardware, Aviation spares, and l	Electronic Components.		
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ffective date, if other than the da	ate of filing:	(optional)	
an effective date is listed, the date must be	e specific and cannot be prior to date of k does not meet the applicable statu	filing or more than 90 days after filing.) Put utory filing requirements, this date wil	rsuant to 605,020° I not be listed as
e record specifies a delayed e The 90th day after the recor	effective date, but not an eff d is filed.	fective time, at 12:01 a.m. on	the earlier o
October 18th			
	.	resentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00