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COVER LETTER

SHD IECT.	ACADEMI	C WRITING AND EDITING.	LLC	
SUBJECT:				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Olga Pourpaki		
			Name of Person	
		Open Skies International, I	LLC	
			Firm/Company	
	2049 South Ocean Drive, Suite 1504			
		······································	Address	
		Hallandale Beach, FL 330	09	
		olgaagar@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further in	formation c	oncerning this matter, please co	all:	
Vladislav Sh	chukin		786 853-9035 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 Fi	iling 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

TO:

Registration Section Division of Corporations

> 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

ACADEMIC WRITING AND EDITING, 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 ______ and assigned Florida document number _______, This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OPEN SKIES INTERNATIONAL, LLC 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

f amendir <u>r remove</u>	ig Authorized Person(s) authorized to in the definition of the def	nanage, <u>enter the title, name, and</u>	d address of each person being ad
AGR = 1 AMBR = .	Manager Authorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Remove
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signature of a member or authorized representative of a member	The 9	10th day after the record is filed.
Signature of a member or authorized representative of a member		11th day of June 2019
Signature of a member or authorized representative of a member	ted	
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Filing Fee: \$25.00