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COVER LETTER

TO:

Registration Section Division of Corporations

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: ENMANUEL DE PENA Name of Person AIRCRAFT SERVICE PROVIDERS. LLC Firm/Company 11961 SW 30TH CT Address MIRAMAR, FL 33025 Cny/State and Zip Code GISELA@YOUROASISINC.COM E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) Soft further information concerning this matter, please call: 23 24 Area Code Daytime Telephone Number Additional copy is enclosed: Certificate of Status Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	AIRCRAF SUBJECT:	Г SERVICE PROVIDERS, LI	.C	
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P.O. Box 6327 The Centre of Tallahassee				ection
			Division of Co	rporations
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIRCRAFT SERVICE PROVIDERS, LL	C	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records rida Limited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability		and assigned
Florida document number L16000165870	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the I	mited liability company here:	
N/A		
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:) သ
(Mailing address MAY BE A POST OFFICE BOX)		<u>⇒</u> ;
maning address safet he are out of the book		
B. If amending the registered agent and/or registe	red office address on our records, enter t	the name of the new registero
agent and/or the new registered office address her		. The state of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	orida
	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
MGR	CHRISTIAN BRITTO-MATTEI	514 SHORT PINE CIR ORLANDO FL 32807	
			□Remove
		 	□Change
			🗆 Add
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Filing Fee: \$25.00