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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT FEB 1 3 2017

COVER LETTER

Division of Corporations MIDDLE EAST AVIATION CONSULTANTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: STEPHEN LEVY Name of Person Firm/Company 801 NORTHPOINT PKWY #131 Address WEST PALM BEACH, FL 33407 City/State and Zip Code abdoezz@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 252-7979 Stephen Levy Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, \$25.00 Filing Fee Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AST AVIATION CONSULTANTS LLC	
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on 12/22/2016	and assigned
A. If amending name, enter the new name	-	
The new name must be distinguishable and contain the Enter new principal offices address, if appli		r the abbreviation "L.L.C."
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	17 SE0
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our records, office address here:	enter the name of the ne
Name of New Registered Agent:	Abdelrahman Ezzeldin Byoumî Abdelrahman	10807 118.15 108.00
New Registered Office Address:	Enter Florida street aildress	
		ida
	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.

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
AMBR	Ezzeldin B Abdelrahman	2400 SE Thunderbolt Drive	
		Stuart, FL 34996	■ Remove
		The state of the s	☐ Change
AMBR	Abdelrahman Ezzeldin Byoumi Abdelrahman	2400 SE Thunderbolt Drive	Add
		Stuart, FL 34996	□ Remove
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	All districts have also confidently to the form of their subscript confidential to the confidence of t		Add
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	Abo	derahman Ezzeldin B	- 677 ed representative of a member	MRY OF STA
Dated	February 2	2017		7 FEB SECRET TALLAH
	ifies a delayed effective after the record is file		n effective time, at 12:0	1 a.m. on the earlier of:
(If an effective date is Note: If the date	Tother than the date of f slisted, the date must be specific inserted in this block does r tive date on the Department.	e and cannot be prior to d not meet the applicable	ate of filing or more than 90 days a	ptional) after filing.) Pursuant to 605.0207 (this date will not be listed as t
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Filing Fee: \$25.00