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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | (dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | - |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | |
|---------------------|--------------------------------------|--|---|--|--|--|
| ento n | FLY1 CAR | | | | | |
| SOBJE | ECT: | | ited Liability Company | | | |
| | | | | | | |
| The en | closed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | | |
| | | CLEITON CARDOSO | | | | |
| | | | Name of Person | | | |
| | | DOMINIUM CONSULTI | NG SERVICES, LLC | | | |
| | | | Firm/Company | | | |
| | | 6965 PIAZZA GRANDE AVE , SUITE 206 | | | | |
| | | | Address | | | |
| | | ORLANDO - FL - 32835 | | | | |
| | | | City/State and Zip Code | | | |
| | | info@dominiumes.com | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | |
| For fur | ther information co | oncerning this matter, please co | all: | | | |
| LEONARDO FIGUEIREDO | | | 407 374.2329 | | | |
| Name of Person | | | at () Area Code Daytime | 2 Telephone Number | | |
| | | | | | | |
| Enclos | ed is a check for th | e following amount: | | | | |
| ■ \$2 | 5.00 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

NOV 3 2017
IRS-AUSTIN, TEXAS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLY1 CARGO, LLC | | |
|--|--|-----------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records.) imited Liability Company) | <u>_</u> _ |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L17000009578</u> | mpany were filed on 01/11/2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRE | <u> </u> | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | NDV 20 AM 9: 46 |
| 3. If amending the registered agent and/or registered agent and/or the new registered office addre | | - |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | F-1 . | |
| | , Florie | da 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 |
|--------------|---------------------------|------------------------|----------------|
| AMBR | Evandro Gustavo de Campos | 6965 PIAZZA GRANDE AVE | Add |
| | | ORLANDO. FL 32835 US | ■ Remove |
| | | | Change |
| AMBR | Emerson Isaac Feliciano | 4341 W Degray Dr | |
| | | South Jordan UT. | ☐ Remove |
| | | zip 84009 | |
| AMBR | Ana Luisa Pamio Feliciano | 4341 W Degray Dr | Add |
| | | South Jordan UT. | □ Remove |
| | | zip 84009 | ☐ Change |
| AMBR | FERNANDO FELICIANO | 4341 W Degray Dr | □ Add |
| | | South Jordan UT. | □ Remove |
| | | zip 84009 | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |

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| Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De | t be specific an ock does not: | d cannot be prio meet the appli | r to date of tiling cable statutory | or more than 90 day | (optional) is after filing.) F is, this date w | ursuant to III not be | 605.0 listed | 207 (as t |
| he record specifies a delayed The 90th day after the rec | | | ot an effecti | ve time, at 12 | :01 a.m. or | n the ea | arlier | · of: |
| Dated OCTOBER 30 | | 2017 | | | | | | |
| ,9, | | ; <u> </u> | | | | | | |
| | | | | tative of a member | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00