118000/04/96

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12/03/18--01020--020 **25.00



COVER LETTER

TO: Registration Section Division of Corpor	n ations	•		
ORION FLIG	IT TRAINING CENTER, LLC.			
SUBJECT:	Name of Limited 1	Liability Company		
The enclosed Articles of A	mendment and fee(s) are submitt	ed for filing.		
Please return all correspond	JASMINE RODRIGUEZ			
		Name of Person		
	BEST QUICK TAX RETUR	.NS, INC.		
		Firm/Company)
	320 S BUMBY AVE STE 10	0		· · · · · · · · · · · · · · · · · · ·
		Address		
	ORLANDO FL 32803		_	
		City/State and Zip Code		• 4
	E-mail address: (to	o be used for future annual report notifica	ution)	Ľ.
For further information	concerning this matter, please ca	II:		
JASMINE RODRIGUE	ZZ	407 896-7921 at ()		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
MA Regi	ILING ADDRESS:	STREET/COURING Registration Section Division of Corpora	ı	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ORION FLIGHT TRAINING CENTER, LLC. (Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan)	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	04/25/2018 and assigned
lorida document number L18000104196	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
(n) is all office address MUST BE A STREET ADDRESS)	
(Francipul Office www.sa.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	. Florida Zip Code
City	Eg/ Con

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

AMBR = Au	thorized Member		Type of Action
<u>Title</u>	<u>Name</u> LIDA CIFUENTES	Address 7520 NW 104TH AVENUE	Add
MGR ———		SUITE 103 #231	■ Remove
		DORAL, FL 33178	☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
		·	Change
			Remove

Effective date, if other than the date of filing: [Can effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Morge. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated OCTOBER 17 2018 QCTOBER 17 2018 Signature of a member or authorized representative of a member					<u> </u>	_
Effective date, if other than the date of filing:						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00