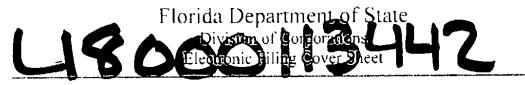
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Phone Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROYAL PALM FLIGHT SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL PA	LM FLIGHT SERVICES LLO	2			
(Name of the Limited Liabil (A Florid	ity Company as it now appears of a Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability C	Company were filed on	05/07/2018		and ass	igned
Florida document numberL18000113442	_ _ .				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the lim</u>	nited liability company her	<u>:</u> :			
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the	abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:			_		
Principal office address MUST BE A STREET ADD.	RESS)		 		
	1100				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)	. <u></u>				
B. If amending the registered agent and/or registere	ed office address on our rec	eords, <u>enter the n</u> e	tme of	the ne	<u>v registe</u>
ngent and/or the new registered office address here:				2	
			~)22	
Name of New Registered Agent:					
New Registered Office Address:				~£. <u>√</u>	יי
	Enter Floria	la street address		ငာ	_=_:
				2	(1)
		, Florida			
	City	, Florida	:	Zip Spide	

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: 1122000222631-3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LOPEZ, JOSUE	1020 E BUCHANON AVE	Dadi
		ORLANDO, FL 32809	ZRemove
			Change
MGR	SILVA, ALLAN	9460 NW 12TH ST, SUITE 201	(∄Add
		DORAL, FL 33172	□Remove
			TChange
			
			Remove
			fl.Change
			UAdd
			□Remove
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			(IRemove
			Change
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oriment, e el <u>ofe:</u> Time c	fective date on the Departmen	t of State's record	s.			
ecord speci	fies a delayed effective date, bu	st not an effective	time, at 12:01	a.m. on the car	lier of: (b) The	90th day after t
is filed.						
	JUNE 16TH	2022				
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