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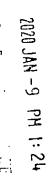
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| то: | | stration Sec sion of Corp | | • | |
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| eum | | FRMR AVI | ATION LLC | | |
| SUBJ | ECT: _ | | Name of Lim | ited Liability Company | |
| The er | nclosed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please | e return a | ıll correspor | ndence concerning this matter | to the following: | |
| | | | Paola Abello, Esq. | | |
| | | | | Name of Person | |
| | | | Abello Law PLLC | | |
| | | | • | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | | | 1390 S. Dixie Hwy, Suite | 1309 | |
| | | | · | Address | |
| | | | Coral Gables, FL 33146 | | |
| | | | | City/State and Zip Code | |
| | | | pabello@perezabellolaw.co | | |
| | | | E-mail address: (| to be used for future annual report | notification) |
| For fu | rther inf | ormation co | ncerning this matter, please ca | all: | |
| Paola | Abello, | Esq. | | 786 485-077 | |
| | | Name of | Person | at () Area Code Da | ytime Telephone Number |
| Enclos | sed is a o | check for the | e following amount: | | |
| ■ \$2 | 25.00 Fil | ing 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

DocuSign Envelope ID: 2C32A7D7-053B-4B9D-823C-930A00737C9E

TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRMR AVIATION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/01/2018}{1}$ and assigned Florida document number __L18000137111 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2C32A7D7-053B-4B9D-823C-930A00737C9E in amending Authorized rerson(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> | <u>Address</u> | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| AMBR | NIHAN CIFTCI | 8333 N.W. 53RD STREET | _ □ Add |
| | <u> </u> | SUITE 450 | O Xaa |
| | | | Remove |
| | | DORAL, FL 33166 | ☐ Change |
| MGR | NIHAN CIFTCI | 8333 N.W. 53RD STREET | |
| | - | SUITE 450 | Add |
| | | | ■ Remove |
| | | DORAL, FL 33166 | Change |
| MGR | ALI SHAH VURAL | 6951 BEAGLE ST | - |
| | | SAN DIEGO, CA 92111 | Add |
| | | | □ Remove |
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| E. Effective date, if other than the (If an effective date is fisted, the date me Note: If the date inserted in this bedocument's effective date on the I | st be specific and cannot block does not meet the | applicable statutory | optional or more than 90 days after filing filing requirements, this date | g.) Pursuant to 605.0207 |
| f the record specifies a delaye b) The 90th day after the rec | | ut not an effectiv | ve time, at 12:01 a.m. | on the earlier of |
| Dated | 2019 | | | |
| DocuSigned by: | | · | | |
| 1 Jan. | Signature of a member of | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00