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Division of Corporations

Florida Department of State

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : FASTKIT CORP Account Number : 120100000009 : (305)599-0839 Fax Number : (305)592-9591 the email address for this business entity to be used for future Commonwal report mailings. Enter only one email address please.** LC AMND/RESTATE/CORRECT OR M/MG RESIGN

FRMR AVIATION LLC

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S. ROBERTS

JUN - 8 2023

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

-	FRMR AVIATION LLC		
	(Name of the Limited Liability Compagy as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization	for this Limited Liability Company were filed on	June 1, 2018	and assigned
Florida document number			one obsigned
This amendment is submitted	to amend the following:		
A. If amending name, enter	the new name of the limited liability company he	<u>:re</u> :	
he new name must be distinguisha	ble and contain the words "Limited Liability Company," the de	esimprino III I Cir es de el	
inter new principal offices s		esignador LEC orthead	Dreviation "L.L.C."
rincipal office agaress MU.	ST BE A STREET ADDRESS)		<u> </u>
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nter new mailing address, i	f applicable:		* p
Mailing address MAY BE A POST OFFICE.	POST OFFICE BOX)		ů,
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		cords, <u>enter the nam</u> e	of the new register
Name of New Registe			
New Registered Office			
	Enter Floria	ia street address	
		, Florida	
	Cin		Zip Code
ew Registered Agent's Signatu	re, 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>	<u>Address</u>	Type of Action
MGR	Levent Ciftci	6144 Meghan Dr	
		Melbourne, FL 32940	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
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			Петоvе
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			CJAdd
			□ Remove
			□ Change
			□Add
			DRemove
			☐ Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effect If an ef <u>Note:</u> docum	ive date, if other than the date of filing: [certive 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 00 lift the date inserted in this block does not meet the applicable startnory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	:07 83
recor d is fii	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	:e
Dated .	June 8 2023	
	LMsten	
	Signature of a member of authorized representative of a member	

Typed or printed name of signee