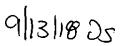


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Musel et
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





09/10/18--01014--001 **425.00



COVER LETTER

ΓΟ: Registratio Division of	n Section Corporations		
	NUM AVIATION MAINTENANC	E, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Nadine Macon		
	-	Name of Person	
	Index Investment Group		
		Firm/Company	
	1044 North U.S. Highwa	y One, Suite 101	
		Address	
	Jupiter, FL 33477		-
		City/State and Zip Code	
	Nadine.Macon@IndexInv		·
For further informati	on concerning this matter, please concerning this matter.	to be used for future annual report notitial:	neation)
Nadine Macon		561 529-6385	
Na	me of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fed	e S30.00 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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATINUM AVIATION MAINTENANCE, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 6/20/2018	and assigned
Florida document numberL18000151530		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	r	
	Enter Florida street address	
		rida Zip Code
	City	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>	Name	Address	Type of Action
MGR	Bjarne E. Borg	1000 North US Hwy One	Add
		Suite 902	🖸 Remove
		Jupiter, FL 33477	Change
MGR	Eric Arens	1000 North US Hwy One	⊟ Add
		Suite 902	□ Remove
		Jupiter, FL 33477	Change
MGR	Alan R. Swift	1000 North US Hwy One	
		Suite 902	■ Remove
		Jupiter, FL 33477	Change
			□ Add
		-,	☐ Remove
			🗀 Change
			Add
			□ Remove
			Change
	-		Add
		 	☐ Remove
			☐ Change

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fec	tive date, if other than the date of filing: (optional)
an e ote:	ffective 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocui	ment's effective date on the Department of State's records.
e re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
Th	e 90th day after the record is filed.
	August 2010
atec	August 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00