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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		✓ <u> </u>





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SECRETARY OF STATE
TAIL AHASSEE, FL

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COVER LETTER

то:	Registration Se Division of Cor			
CIID	TC Aviator	i Consulting, LLC		
SUD.	JEC1:	Name of Lim	nited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Carol Duenas	
			Name of Person	·
			Firm/Company	
			1680 SW 150th RD	
			Address Miami, FL 33185	
			City/State and Zip Code carol@med-air.com	
		E-mail address: (to be used for future annual report noti	fication)
For fu	irther information e	oncerning this matter, please ca	all:	
Desir	ree Rubio		305 4797703 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for the	ne following amount:		
⊟ \$3	25.00 Filing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TC Av	iaton Consulting, LL	(°	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	12/12/18	and assigned
Horida document number 1.18000285459			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company here	:	
TC Aviation Consulting, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			2019 SEL
			是 主 可
			AH8
Inter new mailing address, if applicable:			SS P M
Mailing address MAY BE A POST OFFICE BOX)			Mill in C
			72 -
			, , ,
3. If amending the registered agent and/or registered of		ur records, <u>enter</u>	the name of the
egistered agent and/or the new registered office address here	<u>:</u> :		
Name of New Registered Agent:			
			
New Registered Office Address:	Finer Flavida	street address	
	Lace I to acc		
		Florida	Zıp Code
	2711		zip Com:

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
			□ Add
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			☐ Change
-			
			Remove
			Change
			□ Remove
			□ Change
			□ Remove
			□ Change

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(If an effective Note: If the	ate, if other than the da date is listed, the date must be a date inserted in this block effective date on the Depa	specific and cannot be does not meet the a	pplicable statuto			
	specifies a delayed el h day after the record		t not an effec	tive time, at 12	$2:01$ a.m. on the ϵ	arlier of:
Dated	January 4th	2019	·			
		()	4			
		Y C. Yan				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00