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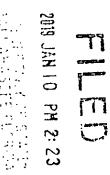
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

CUDIUCT.	Capital Mar	ket Strategies Aviation Manago	ement, LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Curtis L. Lyman		
			Name of Person	
		Capital Market Strategies, I	LLC	
			Firm/Company	
301 Lake Shore Drive 304 Address				
				
		West Palm Beach FI. 334	03	
		clyman@abgwealth.com	City/State and Zip Code	2019 JAH
		E-mail address: (t	o be used for future annual report notification)	
For further in	nformation co	oncerning this matter, please ca	M:	T P IT
Curtis L. Ly	man		561 207-6399	
	Name of	Person	Area Code Daytime Teleph	none Number 23
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companifornida document number L18000291476	y were filed on December 20, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u> </u>
Enter new mailing address, if applicable:		2019
Mailing address MAY BE A POST OFFICE BOX)		2
muning unuress mail DE A 1001 0111Cls Bong		25 O
_	, 	<u> </u>
B. If amending the registered agent and/or registered of		nter the name roof the non
registered agent and/or the new registered office address he	<u> </u>	$j_{i} \in \mathbf{\omega}$
egistered agent and/or the new registered office address here		
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address , Florid	a

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
AMBR	Curtis L. Lyman	301 Lake Shore Drive, 304 West Palm Beach, FL 33403	= Add
			□ Remove
			☐ Change
AMBR	Capital Market Strategies LLC		
		301 Lake Shore Drive, 304 West Palm Beach, FL 33403	≅ Remove
			☐ Change
			Remove
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			Remoyle (
			□ Change
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							<u>. </u>	
			Decemb	er 31, 2018				
Effective date,	if other than the	ie date of fili	ing:	ing to date of file	ng or more than 90 da	(optional)	Pursuant to 605 (กวกว
Note: If the dat	te inserted in this	block does no	t meet the app	licable statutor	y filing requiremen			
document s'ene	ective date on the	глерагинент о	i State's recor	us.				
	ecifies a delay ay after the re			not an effec	tive time, at 12	:01 a.m. (on the earlie	r of
Decembe	er 31, 2018		<u> </u>	\				
Dated			,			2		
	\				· — / ~			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00