Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ema	il Address:	
Enter t ann	the email address for this business entity to be used for future ual report mailings. Enter only one email address please.	1
	Fax Number : (407)992-9407	
	Account Number : I20190000111 Phone : (407)800-7028	
From:	Account Name : SOUSA & ASSOCIATES INC	
	Division of Corporations Fax Number : (850)617-6383	
To:	mt total of grandania	

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

Help

COVER LETTER

SUBJECT:		NEXT AVIATION LLC	
	Nar	ne of Limited Liability Company	
	submitted for	d Articles of Amendment an or filing. Please return all cou this matter to the following:	* *
		Maria C Sousa	
		Name of Person	
		SA Finance & Accounting Inc	
	 	Firm/Company	
		5728 Major Blvd Ste 30	9
		Address	
		Orlando Florida 32819	
		City/State and Zip Code	
	Ii. mail	contactus@sousaacc.co	m
For further information (•	, c,,
Mari	a C Sousa	au 407	8007028
Name of Person		at () Area Code	Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT AVIATION LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
the Articles of Organization for this Elimited Fluority Company	11/2019 and assigned
on Florida document number 119000041808	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•
	Sp. 1
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 reco agent and/or the new registered office address here:	rds, <u>enter the name of the new registers</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	street address
	, Florida
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>	<u>Name</u>	Address	Type of Action
MGRM	Skyhold Ventures LLC	8 THE GREEN STE. R.	bbAl %
		DOVER, DE 19901, US	□Remove
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			□ Change

If amending any other information, enter change(s) here: ((Attach additional sheets, if necessary.)
	
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	•
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	. ()
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to a solution. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.020 le statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time d is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April, 03 . 2023	•
Pedro Bizzotto Pedro Bizzotto (AMEDI)	
Pedro Bizzotto (April 2012) 27:54 CD1) Signature of a member or authoriz	zed representative of a member
PEDRO HENRIQI	UE COSTA BIZZOTTO
Typed or printed	name of signee

• - -