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11.

COVER LETTER

TO:

Registration Section
Division of Corporations

Cloud Peak Solutions LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dick Curbelo Name of Person Firm/Company 9675 NW 117 Ave Suite 115 Address Miami, FL.33178 City/State and Zip Code dcurbelo@arkoss.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dick Curbelo Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$25.00 Filing Fee **S**55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cloud Peak Solutions LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/18/2019	and assigned
Florida document number L19000109272		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
Arkoss Aviation Group LLC		
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLG	
Inter new principal offices address, if applicable:		2021 Total
• • • • • • • • • • • • • • • • • • • •		
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
		<u> </u>
		3
nter new mailing address, if applicable:		5
		39
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, F	lorida
	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 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
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fective date, if other than n effective date is listed, the date	ite must be specific a	ind cannot be prior t		ore than 90 days afte		
ote: If the date inserted in temperature of the cument's effective date on			ble statutory filin	g requirements, tr	is date will	not be listed as
	ffective date, but n	ot an effective tir	ne, at 12:01 a.m.	on the earlier of: (b) The 90t	h day after the
is filed.		2021	_ •			
is filed.		. 2021				
is filed. May 11 tted	Signature of	a member or authorized		of a member		