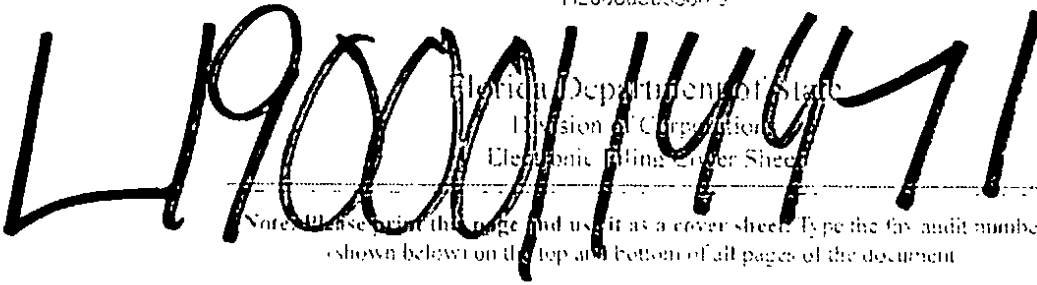


H23000203600 3



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

(((H23000203600 3)))



H23000203600 3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Tax Number : (800)611-7000

## From:

Account Name : CORP/0001291/004 LLC  
Account Number : 120780800130  
Phone : (404)345-7385  
Fax Number : (770)713-1940

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN

## HAWKER GLOBAL ENTERPRISES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SEP 07 2023

H23000308600 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAWKER GLOBAL ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/26/2019 and assigned Florida document number 119000114471.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1950 NW 93rd AVE

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33172

Enter new mailing address, if applicable:

1950 NW 93rd AVE

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33172

## B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter full 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

H23000308600 3

H23000308600 3

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>        | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|--------------------|------------------|--------------------------------------------|
| MGR          | DA SILVA, ROMULO F | 1970 NW 93rd AVE | <input type="checkbox"/> Add               |
|              |                    | DORAL, FL 33172  | <input type="checkbox"/> Remove            |
|              |                    |                  | <input checked="" type="checkbox"/> Change |
|              |                    |                  | <input type="checkbox"/> Add               |
|              |                    |                  | <input type="checkbox"/> Remove            |
|              |                    |                  | <input type="checkbox"/> Change            |
|              |                    |                  | <input type="checkbox"/> Add               |
|              |                    |                  | <input type="checkbox"/> Remove            |
|              |                    |                  | <input type="checkbox"/> Change            |
|              |                    |                  | <input type="checkbox"/> Add               |
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|              |                    |                  | <input type="checkbox"/> Remove            |
|              |                    |                  | <input type="checkbox"/> Change            |

H23000308600 3

H23000308600 3

**D. If amending any other information, enter change(s) here: (attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective 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 35 USC 202(a)(3)(b),

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated JUNE 27TH

2023

Romulo da Silva

Signature of a member or authorized representative of a meeting

ROMULO F. DA SILVA

Typed as grade 1 on c/o, server

H23000308600 3  
Filing Fee: \$25.00