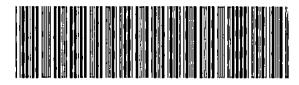
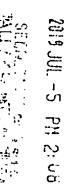
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COVER LETTER

TO:	Registration Se Division of Cor			• ·
erin in		Services & Repair LLC		
SUBJE	.C.1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jose E Tejeda		
		Coastal Air Services & Re	Name of Person pair LLC	
		5959 Van Ness Dr	Firm/Company	
		Melbourne, Fl 32940	Address	
		joetejeda41@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repor	t notification)
For fur	ther information e	oncerning this matter, please co	all:	
Jose To	ejeda		931 216-628	2
	Name o	f Person	Area Code Da	aytime Telephone Number
Enclose	ed is a check for the	ne following amount:		
\$25	5.00 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

Coastal Air Services & Repair 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 06/05/2109 and assigned Florida document number L19000149127 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name of the registered agent and/or the new registered office address here: Rita M Tejeda Name of New Registered Agent: 5959 VAN NESS DR Enter Florida street address New Registered Office Address: MEZ BOURNE Florida FL 329

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 will 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 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, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Actio
MGR	Jose E. Tejeda	5959 Van Ness Dr Melbourne, FL 32940	
			☐ Remove
			Change
MGR	Rita M Tejeda		□ Add
		5959 Van Ness Dr	
		Melbourne FI 32940	■ Remove
			Change
			—————————————————————————————————————
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			S
			Change 72
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			□ Remove
			Change
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			□ Change

Effective date, if other than the date of filing: [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 600 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 1 July 2019 Signature of a member or authorized representative of a member Jose E Tejeda		
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Filing Fee: \$25.00