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2019 NOV -4 AM ID: 37
SECRETARY OF STATE
TALLAHASSEE FI OBIO

## **COVER LETTER**

SA-AVIAT	ION LLC		
SUBJECT:	Name of time	ited Liability Company	
	name of Limi	сеа Ставину Сотрану	
The employed Agricles of	Amendment and fee(s) are sub:	mitted for Films	
	• •	<del>-</del>	
Please return all correspond	ndence concerning this matter	to the following:	
	Aleksandr Bakurov		
		Name of Person	
	SA-AVIATION LLC		
		Firm/Company	
	2955 NE 190TH ST AVEN	NTURA 301	
	-	Address	
	MIAMI, FL 33180		
		City/State and Zip Code	
	Info@sa-aviation.acro		
	E-mail address: (t	o be used for future annual report notifi-	cation)
For further information co	oncerning this matter, please ca	III:	
Aleksandr Bakurov		305 469-8132	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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

TO:

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

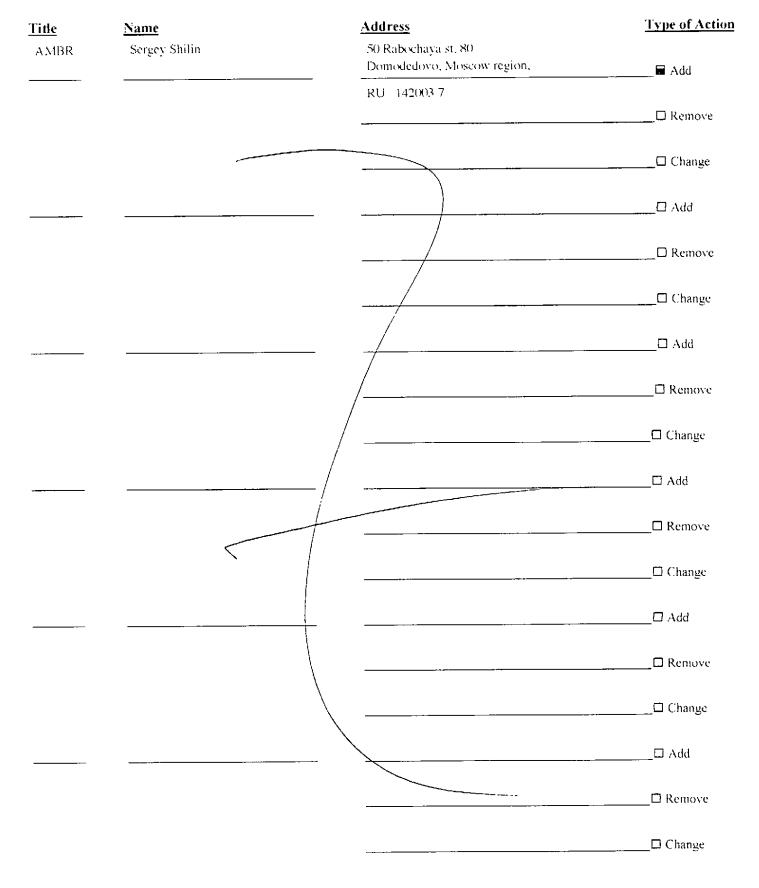
SA-AVIATION LLC	
(Name of the Limited Liability Compa (A Florida Limited L	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company  Alorida document number	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	vility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Flyrida street address
	Cuy , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agro	ee to act in this capacity. I further agree to comply wi

Thereby 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



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fan effe <u>Note:</u>	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
•	10/28/2019
Pated_	<u>Af</u> .
	Signature of a member or authorized representative of a member
	signature of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00