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Office Use Only

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: 5ky	Blue Aircraf	I Sales .LLC.	
		ted Liability Company	
	Amendment and fee(s) are subr		
Please return all correspor	ndence concerning this matter t	to the following:	
	À,	ndres Dominguez Name of Person	
	<u>Sky Bl</u>	ue Accrast Sales Firm/Company	
	2315	JE Withan Field	Dr.
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notification)	2020 / SEGR
For further information co	oncerning this matter, please ca	II:	E 1911
Andres Name of		at (<u>772</u>) <u>181 - 39</u> Area Code Daytime Telepho	2020 AUG -7 AH 7: 05 TALLAHAS SEE FU
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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 S	_	Street Address: Registration Section	
Division of Co	orporations	Division of Corporation	
P.O. Box 632	<i>1</i>	The Centre of Tallahas	ssee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky Blue Aircraft Sales 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 01/28/20 and assigned Florida document numberL_2000034424.
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:
(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 new regis
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address Florida
City ZipSode Zip
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 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
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