120000047106

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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TOTAL STATE STATE

FEU: La

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/24/2021		**WALK IN**
ENTITY NAME AVIATIO	N TRAINING CONSULTANCY LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
<u> </u>	Plain Copy Certified Copy Certificate of Status	5-15-47 K 1815
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
	Certificate of Good Standing	·. ,
	APOSTILLE' / NOTARIAL CERTIFICATION	
YTRY OF DESTINATI 3ER OF CERTIFICAT	TES REQUESTED	-
OWED \$25.00	ACCOUNT #: I20160000072	
rall Tina at th	e above number for any issues or concerns. Thank you so	much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aviation Training Consultancy 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 $\frac{02/10/2020}{1}$ and assigned Florida document number _____L20000047106 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." 912 SW 143rd Terrace Enter new principal offices address, if applicable: Pembroke Pines, FL 33027 (Principal office address MUST BE A STREET ADDRESS) 912 SW 143rd Terrace Enter new mailing address, if applicable: Pembroke Pines, FL 33027 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Craig Russell	912 SW 143rd Terrace	□ Add
		Pembroke Pines, FL 33027	5 .0
			☐ Change
			□ Add
			□ Remove
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- '	on, enter change(s) here: (Attach additio	
		78-8
 -		
		
an effective date is listed, the date must l	ate of filing: Description and cannot be prior to date of filing or more that does not meet the applicable statutory filing fartment of State's records.	are than 90 days after filing a Pursuant to 605 0207.
e record specifies a delayed The 90th day after the reco	effective date, but not an effective ti d is filed.	ime, at 12:01 a.m. on the earlier of
February 23rd	. 2021	
	/S/ Craig Russell ignature of a member or authorized representative	of a member
	_	
Craig Russell		

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Filing Fee: \$25.00