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C. GOLDEN 406 2 9 2020

	•	COVERLETTER	
TO: Registration of	on Section Corporations	* ·	
SUBJECT: _ S	kyline Aviation		. •
SUBJECT:		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	Vincent De	e Barros	
		Name of Person	
	Skyline Av	/iation	
		Firm/Company	<u></u>
	1351 SW 14 ⁻	1st Ave, Apt 309	G
		Address	
	Pembroke i	Pines, FL 33027	
		City/State and Zip Code Cion.fl@gmail.col to be used for future annual report notifi	
For further informat	ion concerning this matter, please ca	all:	
Vincent	De Barros	_a ,954 \ 552-7	'005
N:	nme of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ce \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Skyline Aviation LLC (Name of the Limited Liability Company as it now appears on our records.)

2021 JT 20 PH 4: 17

- (A	Florida Limited L	lability Company)		
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed onJune	e 16, 2020	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the design	ation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	1351 SW 141s	st Ave, Apt 309	9G
(Principal office address MUST BE A STREET		Pembroke Pir	nes, FL 33027	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0.x0</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our recor	ds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:	1351 SW	V 141st Ave, Apt	309G	
	Pembroke Pines, FL 33027 1351 SW 141st Ave, Apt 309G Pembroke Pines, FL 33027 registered office address on our records, enter the name of the new registered is here: 1351 SW 141st Ave, Apt 309G Enter Florida street address Pembroke Pines , Florida 33027 Zip Code			
	Pembrok		, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this class.	and complete ered agent as p gistered office	performance of my provided for in Chap	duties, and I am pter 605, F.S. Or	familiar with and , if this document is

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:

	from our records:		
MGR = M $AMBR = A$	fanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
		 	
			Change
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ective date, if other than the date of filing:	
dective date, if other than the date of filing: n 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 605 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list current's effective date on the Department of State's records.	5.02 ied :
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte is filed.	er th
07/10/2020	
Winner Delson	
Signature of a member or authorized representative of a member	
Vincent De Barros	

Filing Fee: \$25.00