## 120000198029

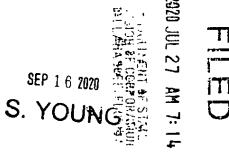
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Duaviation & Parts LLC SUBJECT:  Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Eduardo Borges Camargo				
	-	Name of Person			
	Dnaviation & Parts LLC				
	•	Firm/Company	· <del></del>		
	3433 NW 44th St Apt 104				
		Address			
	Lauderdale Lakes, FL 333	09			
		City/State and Zip Code			
	dna.aviationparts@gmail.ec				
		to be used for future annual report not	(fication)		
For further information co	oncerning this matter, please or	all:			
Eduardo Borges Camargo		954 907-6670			
Name of	Person	at (	ne Telephone Number		
Enclosed is a check for the	e following amount:		·		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:			
Registration Section Division of Corporations		Registration Se Division of Cor	ction		
P.O. Box 6327		The Centre of T			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dnaviation & Parts 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 07/16/2020 Florida document number L20000198029 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DNA Aviation & Parts LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 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 = M $AMBR = A$	fanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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If an effective date is listed, the date mus	date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
Note: If the date inserted in this blo	lock does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Do	epartment of State's records.
e record specifies a delayed effective rd is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated July 21	2020
Jated	
	Signature of a member or authorized profesentative of a member
liduardo Borges Camurg	io
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Filing Fee: \$25.00