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| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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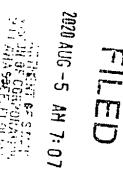




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COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
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| | ed Aviation Services LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | · |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Thomas Del Gasparolo | | |
| | | Name of Limited Liability Company ee(s) are submitted for filing. g this matter to the following: Dasparolo Name of Person viation Services LLC Firm/Company see Address 3326 City/State and Zip Code Daytime Telephone Number Int: Int: | |
| | High-Speed Aviation Serv | ices LLC | |
| | | Firm/Company | |
| | 2360 Tallahassee | | |
| | | Address | |
| | Division of Corporations High-Speed Aviation Services LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Thomas Del Gasparolo Name of Person High-Speed Aviation Services LLC Finnt/Company 2360 Tallahassee Address Weston, FL 33326 City/State and Zip Code tomgasparolo@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Del Gasparolo Name of Person Area Code Daytine Telephone Number di is a check for the following amount: 0.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P, O, Box 6327 The Centre of Tallahassee | | |
| | | City/State and Zip Code | |
| | - · · - · | | |
| For further information | | | ncation) |
| Thomas Del Gasparolo | , | 954 263-7362 | |
| | | | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Registration Division of | Section Corporations 27 | Registration Sec Division of Cor The Centre of T | porations `allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High-Speed Aviation Services 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 $\frac{07/15/2020}{}$ Florida document number _____L20000204457 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." 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 _ City

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 = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------------|--------------------------------|---------------------|----------------|
| MGR | Thomas Del Gasparolo | 2360 Tallahassee | |
| | | Weston, FL 33326 | □Remove |
| | | | |
| MGR | Eduardo Gomez Jr. | 3642 Sherman Street | ⊜Add |
| | | Hollywood, FL 33020 | |
| | | | □Change |
| AMBR | Hernando Luis Ortega Lacouture | 19707 Turnberry Way | |
| | | Apartment 12K | Remove |
| | | Aventura, FL 33180 | Change |
| | | | □Add |
| | | | □ Remove |
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| Note: If t | he date inserted in th | nis block does not | meet the applica | to date of filing or nable statutory filir | (op nore than 90 days aft ig requirements, tl | tional) er filing.) Pursuant to 60 nis date will not be lis | 05.0207 sted as t |
| document | 's effective date on t | he Department of | State's records. | · | | | |
| e record sp rd is filed. | | ective date, but no | ot an effective til | me, at 12:01 a.m. | on the earlier of: | (b) The 90th day aff | ter the |
| Jul Dated | y 31 | _ | 2020 | | | | |
| Dated | 200 | 9 | _ · | _ • | | | |
| | MA | | | | | | |
| | | | | | | | |
| | | Signature of | a member or autho | rized representative | of a member | | |

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