Florida Department of State

Division of Corporations Electronic Filing Cover Sheet Particular description of the second of the

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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JUN 2 4 2021

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alcamo Aircrast Management LLC			
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Lin Florida document number L210000109392			and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			- 2 2 -
			<u> </u>
Enter new mailing address, if applicable:			OF STARPORA
(Mailing address MAY BE A POST OFFICE BOX)			03
			
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Bart F. Peters		
New Registered Office Address:	601 Heritage Driv	ve, Suite 409	
		Enter Florida street address	
	Jupiter	, Florida ³³	458
		City	Zip Code

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 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

15612148442

Title	Name	Address	Type of Action
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			□Remove
			☐ Change
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			□Remove
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