

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000302758

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000025233 3)))



H23000025233ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: assistant.toni@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOHN & SONS COMMERCE AND SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 APR 20 PM 1:51

RECEIVED
DIVISION OF CORPORATIONS
FILED

(((H23000025233 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JOHN & SONS COMMERCE AND 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 08/26/2021 and assigned
Florida document number L21000382758.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Above Aviation US 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)

AVENIDA E Nº 274 AP 2102 JARDIM GOIÁS

GOIANIA, GO 74810-030 BR

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 KINGSPONTE PARKWAY SUITE 17

ORLANDO, FL 32819

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

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 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:

((H23000025233 3)))

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Skyward Holding & Investment Corp	1000 N. West Street, Ste 1501	<input checked="" type="checkbox"/> Add
		Wilmington, DE 19801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOMES DA SILVA, JOAO, JR	AVENIDA E Nº 274 AP 2102 JARDIM GOIÁS	<input type="checkbox"/> Add
		GOIANIA - GO 74810-030 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H23000025233 3)))

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 13 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee