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Florida Department of State

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.

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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: assistant2.larson@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABOVE AVIATION US LLC

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K. SALY

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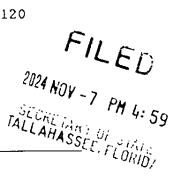
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TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT

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TO ARTICLES OF ORGANIZATION **OF**



ABOVE AVIATION US 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 _0	8/26/2021	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 liah	ility company h	ere:		
ABV AEROSPACE LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the c	tesignation "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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our r	ecords, <u>enter the na</u>	ime of the new registered	
Name of New Registered Agent.				
New Registered Office Address:	Futer Flor	rida street address		
	City	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this performance of provided for in (my duties, and Lan Chapter 605, F.S. G	n familiar with and)r, if this document is	
(((H24000371575 3))) If Chai	nging Registered Ag	ent, Signature of New I	Registered Agent	

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GOMES DA SILVA, JOAO, JR	RUA T-50, APT 1463, ED MASTERPIECE BUENO) □Add
		GOIANIA - GO. 74215-200, BRAZIL	□Remove
			= Change
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	///LI24000271575 2\\\		□Remove
	(((H24000371575 3)))		_ DChange

If amen	(((H24000371575 3))) ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u> </u>	
	<u> </u>
	SEE THE
	المالية
(If an effect Note: If	e date, if other than the date of filing:
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11 / 06 / 2024
	João Domes da S Ja Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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