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COVER LETTER

	Registration Se Division of Cor						
SUBJEC		TTURAL AVIATION SERVI	CES LLC				
HOBIEC	''	Name of Lin	nited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	um all correspo	ondence concerning this matter	to the following:				
		MANUEL VARGAS					
			Name of Person				
		MANUEL VARGAS			18 1030 1030	2021 OCT 25	
		_	Firm/Company			0CT	o€ ==
		1145 NW 2 ST APT 2			\$ - ;		the too it
			Address		(17,11)	PH	e C
		MIAMI FL 33128			SEE STATE	PH 3: 05	•
			City/State and Zip Code			_,	
		LEONVISC@YAHOO.CO					
			to be used for future annual report not	ification)			
For furthe	r information c	oncerning this matter, please co	all:				
MANUE	L VARGAS		305 3004917 at ()				
	Name o	Person	Area Code Daytin	ne Telephone Numb	er		
Enclosed	is a check for th	ne following amount:					
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &	
1] 1	Mailing Addres Registration 5 Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee & Street, Suite	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F.V STRUCTURAL AVIATION SERVICES LLC			
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our rec ed Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{SEP } 28,2021}{1.21000425255}$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
F.V STRUCTURAL AIR CRAFT SERVICES ELC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L		
Enter new principal offices address, if applicable:	1145 NW 2 ST APT 2	2021 SEC	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33128		
		, N	
Enter new mailing address, if applicable:		SSEE, S	
(Mailing address MAY BE A POST OFFICE BOX)		205	
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>ent</u>	ter the name of the new regis	
Name of New Registered Agent.			
New Registered Office Address: N/A			

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.

City

If Changing Registered Agent, Signature of New Registered Agent	
If Changing Registered Agent, Agnature of the registered Agent	

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date in terms of the date inserted in this ument's effective date on the	ie date of filing: ust be specific and canno block does not meet th	ie applicable statu	filing or more than 90 attory filing requirem	(optional) days after tiling.) Pu ents, this date wil	rsuant to 605,020 I not be listed a.
cord specifies a delayed effect s filed.	ive date, but not an eff	fective time, at 12	:01 a.m. on the earli	ier of: (b) The 9	0th day after the
OCT 22	202	21			
	Signature of a member	·			
1/11/20	- // 				