## 172000029301

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SECRE DARY OF STATE

9 3/1/2022

SUBJECT: NMJ Aviation Consulting LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nestor Moya Name of Person NMJ Aviation Consulting LLC Firm/Company 16278 S.W. 78 Ter. Address Miami, FL 33193 City/State and Zip Code itsa510@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nestor Moya at (<u>305</u> Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & CHEIK # 4630 Certified Copy (additional copy is enclosed) (additional copy is enclosed) EN(LUSED Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION **OF**

FILED

NMJ Aviation Consulting LLC

2022 FEB 22 AM 9: 11

Consulting LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 01/13/2022 \_\_ and assigned Florida document number L22000028301 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 "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 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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nestor Moya		□ Add
			□Remove
		(Change of Title from DIR to AMBR onl	<u>y)</u> ⊠Change
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). Kamen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
7	
(If an effective Note: If	e date, if other than the date of filing:
the record : ecord is filed	pecifies 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 <u>1</u>	4 FEB 2022  Signature of a member or authorized representative of a member
	•
	Nestor Moya  Typed or printed name of signee

CHECK # 4630 ENCLUSED