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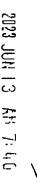
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COVER LETTER

Tallahassee, FL 32314

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	Registration S Division of Co		•	
SUBJEC		viation RDU, LLC		
SOBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Marcos R. Marchena, Esq.		
			Name of Person	
		Marchena and Graham, P.a	٩.	
			Firm/Company	
		976 Lake Baldwin Lane. S	uite 101	
		<u> </u>	Address	
		Orlando, FL 32814		
			City/State and Zip Code	
		jsabater@mgfirm.com		
		E-mail address: (to be used for future annual report n	otification)
For furth	er information (concerning this matter, please ea	all:	
Jahaida S	Sabater		407 658-8566 at ()	
	Name o	of Person		ime Telephone Number
Enclosed	is a check for t	the following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	S-14-10
	Registration Division of (Registration S Division of C	
	P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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. [- :	
2023 JUN 12		
2023 JUN 13	Alt	7:40
<u>:</u> <u>ds.</u>)		, 0

Sheltair Aviation RDU, LLC

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

		, ,	161
The Articles of Organization for this Limited Li	ability Company were	filed on 02/01/2023	and assigned
Florida document number L23000059468	<u>. </u>		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability c	ompany here:	
Sheltair Aviation FLL MRO, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Con	mpany," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:		ss on our records, <u>enter</u>	the name of the new registere
New Registered Office Address:			
<u> </u>		Enter Florida street addres	is
			orida
		lity	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	er and complete perfo stered agent as provid registered office addro	rmance of my duties, a led for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□ Remove
			□Change
			
			□Remove
			Change
			□Remove
			□Change
			
			□Remove
			□Change

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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet the	applicable statutory	or more than 90 days afte filing requirements, th	ional) or filing.) Pursuant to 605.0207 is date will not be listed as
e record specifies a delayed effe rd is filed.	ctive date, but not an effe	ective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
Dated	2023	· 		
	Signature of a member			
			 	
	Signature of a member	or authorized represent	ative of a member	

Filing Fee: \$25.00