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 : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:			
1		- 110 10010 11 100		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K.C. AVIATION LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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03

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.C. Aviation LLC		
( <u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/30/2023	and assigned
lorida document number 1.23000145207	_·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
KCC Aviation LLC		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "ELC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
	<del></del>	
Enter new mailing address, if applicable:		
••	****	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		<b>4-</b> ; •
<ol> <li>If amending the registered agent and/or regist registered agent and/or the new registered office addr</li> </ol>		enter the name of the
egistered agent and/or the new registered office addr	ess nere:	2023
		_ 1
Name of New Registered Agent:		<del></del>
N D - 2 1/202 4 13		ر د د د د د د د د د د د د د د د د د د د
New Registered Office Address:	Enter Florida street address	<u> </u>
		$\frac{\omega}{\omega}$
	Flori	
	City	· Tall & only

## 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

18886118813

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u></u>	Remove
			□ Change
			□ Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
		<del></del>	D Add
			Remove
			☐ Change

). If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective date is listed, the d Note: If the date inserted in	an the date of filing:
the record specifies a de ) The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e record is filed.
Dated April 3	2023
/	K/1-
	Signature of a member or authorized representative of a member
Kristina Coman	
-	Typed or printed name of signee

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Filing Fee: \$25.00