Division of Corporations

Florida Departmento

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METIS AVIATION USA, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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:		<u>≥</u> 8 2	
New Registered Office Address:		117.11 10100	:
	Enter Florida street address	Se 2	FA
<u></u>	, Florida		<u> </u>
	City	E, Zip Car	الم
New Registered Agent's Signature, if changing Registered Agent:		87 9	C

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.

7/21/2023 08:58:28 PDT

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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>	<u>Address</u>	Type of Action
MGR	MARTIN, MATTHEW	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	X Remove
			□ Change
AMBR	Papadopoulos, Andrew	11410 Millpond Greens Dr	X∕Add
		Boynton Beach, FL 33473	□Remove
			Change
AMBR	Martin, Matthew	8 Parkside	X Add
		Folkestone CT 19 5WN	□Remove
			□Change
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To: 18506176383

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record specifies a delayed effective is filed.	e date, but not an eff	ective time, a	t 12:01 a.m. on	the earlier of: (b)	The 90th day afte	er the
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	Signature of a membe	r or authorized	representative of	a member		