**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 : REGISTERED AGENTS INC.

Account Number : 120090000081 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.\*\*

Address:	_		
	Address:	Address: _	Address: _

## SS TO US AND SS SANDARY

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRATOS AIR SERVICES LLC

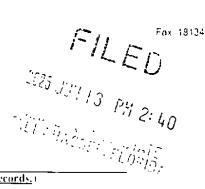
Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALY

JUN 1 6 2025

## Fax 191343

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Kratos Air Services LLC

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

The Articles of Organization for this Limited Liability Comp	pany were filed on 05/13/24	and assigned	
Florida document number L24000221700			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
1st Sky Aviation Group, LLC			
The new name must be distinguishable and contain the words "Limited I	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	ý		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	_		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new register	
Name of New Registered Agent:			
AL DESCRIPTION OF THE PROPERTY			
New Registered Office Address:	Enter Florida street addres	N.	
		oridaZîp Code	
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and			
provisions of all statutes relative to the proper and compl			

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Jun 13, 2025 08:29 To +18506176383 Page, 3/4 Fax 1813436:

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>	Name	Address	Type of Action
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			⊟Remove
			□Change
			ERemove
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			□Remove
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fective date, if other than	the date of filing:			(ontional)	
n effective date is listed, the date ite: If the date inserted in thi cument's effective date on the	must be specific and cannot block does not meet the	ot be prior to date of no applicable state	filing or more than 9	0 days after filing.)	
cord specifies a delayed effe is filed.	ctive date, but not an ef	fective time, at 12	.01 a.m. on the ca	rlier of: (b) - Th	90th day after the
ted	202	?5 			
	Signature of a member				

Typed or printed name of signee