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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

⁻ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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1.		KLMO AVIATION LLC				_
1.		(CORPORATE NAME AND DOCUME)	ξΓ #)			
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SPECIAL INSTRUCTIONS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Klmo Aviation, LLC

2024 JUN 25 AM 9: 09

(<u>Name of the Limite</u>	d Liability Company as it now appears on our (A Florida Limited Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Lia	ability Company were filed on $\frac{06/20/202}{1}$	
Florida document number L24000279402		
This amendment is submitted to amend the follo	ewing:	
A. If amending name, enter the new name of	the limited liability company here:	
Kimo Aviation, LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		records, enter the name of the nev
registered agent and/or the new registered off	uce address nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		r
	City	, Florida Zip Coxle
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of	I agent and agree to act in this capaci or and complete performance of my du- tered agent as provided for in Chapter egistered office address, I hereby conf	ties, and I am familiar with and r 605, 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 added or removed from our records:

MGR ₹ Manager

<u>Title</u>	Name	Address	Type of Action
			Add
		 	Remove
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fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blocument's effective date on the De	be specific and cannot be ock does not meet the a	pplicable statutory	g or more than 90 days	p tional) after filing.) Pursuant to this date will not be	o 605.020 e listed a:
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June 25	. 2024	·			
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