(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	/)
PICK-UP	WAIT	MAIL
(Su	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	





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Y SULKEP

JUN 3 1/ 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/29/2020	
	WALK IN
ENTITY NAME AVIATOR	R CAPITAL OPPORTUNITY FUND ACQUISITION COMPANY, LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
PL	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	ON
NUMBER OF CERTIFICATI	ES REQUESTED
TOTAL OWED \$25.00	ACCOUNT #: I20160000072
Please call Tina at the	above number for any issues or concerns. Thank you so much!

COVER LETTER

Division of Corporations Aviator Capital Opportunity Fund Acquisition Company, LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lorna J. Virts, Paralegal Name of Person Smith, Gambrell & Russell, LLP Firm/Company 1230 Peachtree St NE, Suite 3100 Address Atlanta, GA 30309 City/State and Zip Code LVirts@sgrlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lorna J. Virts Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$30 Filing Fee & **■**\$25 Filing Fee ☐ \$55 Filing Fee & □ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

TO:

Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Aviator Capital Opportunity Fund Acqu	The state of the s	
Enter new principal office address, if applicable	; 	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited	liability company is: M200000	04625
3. Jurisdiction of its organization: Delaware		94625 7720 July 2
4. Date authorized to do business in Florida: $\frac{05}{2}$	5/20/2020	
SECTION II (5-9 complete only the applicable	le changes)	\tag{\tag{\tag{\tag{\tag{\tag{\tag{
5. New name of the limited liability company: (m	Aviator Capital Fund V Acquisitust contain "Limited Liability C	ion Company, LLC 2 Tompany, ""L.L.C.," or "LEC.")
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.I	nanaging members adopting the	
6. If amending the registered agent and/or regist- registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo)	ida Street Address
_	City	Florida Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag the provisions of all statutes relative to the propand accept the obligations of my position as regional accept the obligations of my position as regional accept is being filed to merely reflect a changliability company has been notified in writing of	gent and agree to act in this cap er and complete performance o istered agent as provided for in ge in the registered office addre	f my duties, and I am familiar with Chapter 605, F.S. Or, if this

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Add	
	_		□Remo	
		Mage	DbbA	
	-		□Remo	
			□Add	
	-		□Remo	
			□Add	
	.		□Remo	
aforementioned am	icate, if required: no more than 90 days endment(s), duly authenticated by the che law of which this entity is organized Signature of the a	official having custody of recor	□Remo	

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "AVIATOR CAPITAL
OPPORTUNITY FUND ACQUISITION COMPANY, LLC", CHANGING ITS NAME
FROM "AVIATOR CAPITAL OPPORTUNITY FUND ACQUISITION COMPANY,
LLC" TO "AVIATOR CAPITAL FUND V ACQUISITION COMPANY, LLC",
FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JUNE, A.D.
2020, AT 11:24 O'CLOCK A.M.



Authentication: 203183689

Date: 06-26-20

7967569 8100 SR# 20205929927

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:24 AM 06:26:2020
FILED 11:24 AM 06:26:2020
SR 20205929927 - File Number 7967569

CERTIFICATE OF AMENDMENT to CERTIFICATE OF FORMATION

of AVIATOR CAPITAL OPPORTUNITY FUND ACQUISITION COMPANY, LLC

The undersigned, Aviator Capital Opportunity Fund Acquisition Company, LLC (the "Company"), a limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, does hereby certify:

- 1. The name of the Company is Aviator Capital Opportunity Fund Acquisition Company, LLC.
- 2. The Certificate of Formation of the Company is hereby amended as follows:

The name of the Limited Liability Company is Aviator Capital Fund V Acquisition Company, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this 26th day of June, 2020.

AVIATOR CAPITAL OPPORTUNITY FUND ACQUISITION COMPANY, LLC

By: /s/Jorge Wolf

Name: Jorge Wolf Title: Manager