

MA 100012072
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H25000025935 3)))



H250000259353ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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
FERROVIAL VERTIPTS US LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help
JAN 27 2025
T. LEMIEUX

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Ferrovia Vertiports US LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

5201 Tennyson Parkway, Suite 150

Plano, Texas 75024

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: M21000012072

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/13/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AAM Vertiports LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City Zip Code

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.

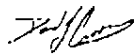
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Dawud Crooms, General Counsel

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'FERROVIAL VERTIPOINTS US LLC' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'AAM VERTIPOINTS LLC', ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2024, AT 1:37 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID 'AAM VERTIPOINTS LLC' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'AAM VERTIPOINTS LLC', ON THE SECOND DAY OF JANUARY, A.D. 2025, AT 5:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'AAM VERTIPOINTS LLC', IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.



A handwritten signature in black ink, appearing to read 'Kristopher E. Knight', is written over a horizontal line.

Kristopher E. Knight, Acting Secretary of State

6224760 8321
SR# 20250211623

Authentication: 202749731
Date: 01-22-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

Page 1

*I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE
STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'AAM
VERIPOINTS LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO 'AAM VERTIPOINTS LLC' ON THE SECOND DAY OF JANUARY, A.D.
2025, AT 5:57 O'CLOCK P.M.*



A handwritten signature in black ink, appearing to read "Kristopher E. Knight".

Kristopher E. Knight, Acting Secretary of State

6224760 8320
SR# 20250211623

Authentication: 202749732
Date: 01-22-25

You may verify this certificate online at corp.delaware.gov/authver.shtml