P2100090004

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SKYWALKER MEDICAL INC. DOCUMENT NUMBER: P21000090004 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luiz Carlos Thomas Loureiro Junior Name of Contact Person SKYWALKER MEDICAL INC. Firm/ Company 16420 NE 35th Ave Address North Miami Beach FL 33160 City/ State and Zip Code lelaircraft@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 3615849 Area Code & Daytime Telephone Number Luiz Loureiro Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & ■\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation \mathbf{of}

Skywalker Medical Inc		
(Name of Co	orporation as cur	rently filed with the Florida Dept. of State)
P21000090004		
	(Document Numi	ber of Corporation (if known)
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation	<u>n:</u>
LCL Aircraft Sales Inc.	i	The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or t	,'' "Inc." or "Cò	n," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word P.A." N/A
B. Enter new principal office address, if a (Principal office address MUST BE A STRE	opticable:	
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF) D. If amending the registered agent and/o new registered agent and/or the new remains of New Registered Agent N/.	r registered office	e address in Florida, enter the name of the dress:
	1	ED :-
New Registered Office Address: N/.	•	ida street address), Florida (City) (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	a <mark>ging Registered</mark> e d agent. I am fa n	Agent: iliar with and accept the obligations of the position.
	Signature of N	New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursu	!	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title: $P = President; \ \hat{V} = Vice\ President; \ \hat{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman\ or\ Clerk; \ CEO = Chief$ Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: John Doc X Change PΤ X Remove Mike Jones Sally Smith <u>SV</u> X AddAddress Title Name Type of Action (Cheek One) 16420 NE 35TH AVENUE LOUREIRO, NATALIA N. MRS. 1) X Change NORTH MIAMI BEACH, FL 3316 ___ Add ___ Remove 16420 NE 35TH AVENUE LOUREIRO JUNIOR, LUIZ CARLO CEO Change NORTH MIAMI BEACH, FL 3310 Add __ Remove 3) ____ Change Add __ Remove Change ____ Add __ Remove 5) ____ Change ____ Add

Remove

6) ____ Change

____ Add

____ Remove

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)			
				
				
<u> </u>				
		 		
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			·	
If an amendment provides for an excl	iange, reclassificatio	n, or cancellation	of issued shares,	
provisions for implementing the ame	ndment if not conta	ined in the amen	dment itself:	
(if not applicable, indicate N/A)				
		_		
				_
				<u></u>

09/05/2024	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more tha	n 90 days after amendment filo date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement lio vote separately on the amendment(s):
"The number of votes east for the amendment(s) was	/were sufficient for approval
by	
(voting group)	
09/05/2024 Dated	
Signature	
(By a director, president or other selected, by an incorporator – if i appointed fiduciary by that fiduci	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
LOUREIRO JUNIOR, LI	UIZ CARLOS T. L. MR.
(Typed or prin	ted name of person signing)
C00	
(Title of perso	n [†] signing)