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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

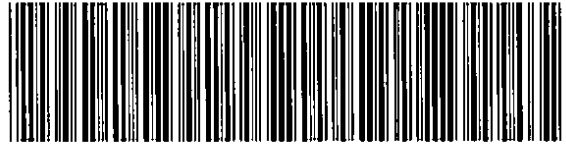
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SECRETARY  
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2023 JUL 10 PM 1:11

2023 JUL 10 PM 3:24

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STALLION SI FLIGHT OPERATIONS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCO RUSCONI  
Name of Person

STALLION SI  
Firm/Company

3951 MERLIN DR  
Address

KISSIMMEE, FL 34741  
City/State and Zip Code

marco@stallionsi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO RUSCONI at (407) 484 7151  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

STALLION SI FLIGHT OPERATIONS LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2023 JUL 10 PM 10:5  
SECRETARY  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 10 MAY 2006 and assigned Florida document number L0600048662.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office 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:

MICCO RUSCONI

New Registered Office Address:

3951 MERLIN DR

*Enter Florida street address*

KISSIMEE FL

*City*

Florida 34741

*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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>PRESIDENT</del>	LEE C LAUDERBACK	3951 MERLIN DR	<input type="checkbox"/> Add
MANAGER		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
CHANGE ↓	TITLE TO BOARD OF DIRECTORS		<input checked="" type="checkbox"/> Change
<del>PRESIDENT</del>	ANGELA C. WEST	10403 BURRIS COURT.	<input type="checkbox"/> Add
		ORLANDO FL 328 36	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
BOARD OF DIRECTORS	LOUIS HORSCHER	3951 MERLIN DR	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
BOARD OF DIRECTORS	PETER ZELIFF	SAME AS ABOVE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
BOARD OF DIRECTORS	ARIEL LUEDI	3951 MERLIN DR	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER	MARCO RUSCONI	SAME AS ABOVE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10 JUL 2023.



Signature of a member or authorized representative of a member

MARCO RUBEN

Typed or printed name of signee

**Filing Fee: \$25.00**