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Special Instructions to	Filing Officer:	
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### **COVER LETTER**

Division of Corporat	tions		
suвјест: <u>Zaom</u>	Air Day Name of Limite	Hona Beach ed Liability Company	LLC
The enclosed Articles of Amer	ndment and fee(s) are subm	itted for filing.	
Please return all correspondent	ce concerning this matter to	the following:	
_	Oliv	Name of Person	
_		Firm/Company	
_	1680	Barton St.	<del></del> -
_		OOJ FL 32 City/State and Zip Code	
_	E-mail address: (to	all@amailed be used for future) naual report no	COP
For further information concer	ning this matter, please call	l:	
Name of Perso	Petit	at ( <u>321</u> ) <u>275</u> Area Code Dayti	T- 3078 me Telephone Number
Enclosed is a check for the foll	lowing amount:		
<b>Å</b> \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zoom Air Dayton (Name of the Limited Liability Compa) (A Florida Limited L.	a Beach LLC	<del></del>
(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $3/8/2012$	_ and assigned
Florida document number <u>L/2000</u> 33689		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	1000 Orange A	lve
(Principal office address MUST BE A STREET ADDRESS)	1000 Orange A Daytona Beach	FL 32/14
Enter new mailing address, if applicable:	1680 Barton St	,
(Mailing address MAY BE A POST OFFICE BOX)	1680 Barton St Longwood FL 32	<u>750</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, <u>enter th</u> <u>e</u> :	Duthe new
New Registered Office Address:	Enter Florida street address	<b>3</b> 3 5 − − − − − − − − − − − − − − − − − −
	Florida	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 Title Name Address Type of Action MGR Olivier Petit 1680 Barton St. \_\_ Add Languaged FL 32750 - Remove Change MGR Michel Smith 1445 Dolgner Place - Suitelf Add Sanfacd FL 3277/ Remove \_\_\_\_\_ Change \_□ Remove \_□ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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ctive date, if other effective date is listed, e: If the date inserte iment's effective dat	the date must be spo d in this block do	ecific and canno es not meet th	t be prior to date te applicable st	12018 of filing or more s atutory filing re	(option han 90 days after fil quirements, this d	ling.) Pursuant to 60	)5.02 sted
ecord specifies a ne 90th day afte			but not an	effective time	e, at 12:01 a.r	n. on the earl	lier
ed <u>June</u>	12	2	018.				
	Signat	ure of a membe	r or authorized i	representative of a	member		

Page 3 of 3

Filing Fee: \$25.00