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# **COVER LETTER**

TO: Registration Sect Division of Corpo			,
SUBJECT: Zoc	om Air Holo Name of Limi	Line LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person	
	Zoom A	Firm/Company L	LC
		Isner Place	Suite 9
	Sanford	FL 3277/ City/State and Zip Code ZOOMAIN US	
	admin @ E-mail address: (1	ZOOMAIN US	cation)
For further information cor	ncerning this matter, please ca	ıll:	
Tammy & Name of I	ook Person	at ( <u>327</u> ) <u>363-</u> Area Code Daytime	4947 Telephone Number
Enclosed is a check for the	following amount:		
\$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: 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 Ho (Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)
	ompany were filed on $3/9/2012$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)
Enter new mailing address, if applicable:	<b>ာ</b> ညီအော ၂ စွာသည်
(Mailing address MAY BE A POST OFFICE BOX)	
	<b>9</b>
	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, enter the name of the new ess 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

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>	Address	Type of Action
MGR	Olivier Petit	1445 Dolgner Place suite	<u>/}</u> □ Add
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Effective date, if other than the date of filing: 6/12/2018 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 60	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	.m. on the earl	ier of
Dated June 12 . 2018.		
Signature of a member or authorized representative of a member		
Olivier Petit Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00