N15000180684

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COVER LETTER

	ion Section of Corporations				
	ter 258297, LLC	,•	•		
SUBJECT:	Name of L	imited Liability Company			
The enclosed Articl	les of Amendment and fee(s) are s	ubmitted for filing.			
Please return all cor	rrespondence concerning this matt	er to the following:			
	Mark B. Goldstein				
		Name of Person			
	Mark B. Goldstein, P.A.				
		Firm/Company			
	2700 N.Military Trail, S	fuite #130			
		Address			
	Boca Raton, FL 33431				
		City/State and Zip Code	 -		
	MBG@bizavlaw.com				
Ever further informe	E-mail addres ation concerning this matter, please	s: (to be used for future annual report no	tification)		
Mark B. Goldstein	_	561- 989-9995			
Name of Person		at () Area Code Davti	me Telephone Number		
1,	value of Felson	, i.e. dodd			
Enclosed is a check	k for the following amount:				
■ \$25.00 Filing b	Fee S30.00 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)		
<u>Mailing A</u> Registra		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Bo		The Centre of			
Tallahassee, FL 32314		2415 N. Mont	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hawker 258297, LLC

2021 NOV 29 AH 7: 40

(Name of the Limited Liability C	Company as it now appears on our reconited Liability Company)	rds.)
(A Fiorida Lin	inted Gabinity Company)	STATE SELECTION SUPERFIL
The Articles of Organization for this Limited Liability Com	pany were filed on 10/23/2015	and assigned
Florida document number L15000180180684		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Hawker N660CC, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name of the new registered
agent and/of the new registered office address here.		
Name of New Registered Agent:		
THINK OF HOW REQUIRES TIGHTS.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street add	ress
		D
	, City	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 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>	Name	<u>Address</u>	Type of Action
			🗀 Add
			□Remove
			Change
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ective date, if other than the da reffective date is listed, the date must be	e specific and cannot be	e prior to date of filing	or more than 90 days a	ptional) office filing.) Pursuant to 6	605.020°
te: If the date inserted in this block tument's effective date on the Depa	; does not meet the t irtment of State's re-	applicable statutory cords.	nung requirements.	this date will not be it	isten as
cord specifies a delayed effective d s filed.	ate, but not an effec	tive time, at 12:01 a	.m. on the earlier of	(b) The 90th day at	fter the
s med.					
ted November 22.	2021	·			
- 11 11 1					
V 1/1/1	MX				

Typed or printed name of signee