118000003749

| (Re | questor's Name) | |
|---|-------------------|-------------|
| | | |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
| | | |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | | |
| Ç | , | |
| | o/State/Zin/Dhone | |
| (Cit | y/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| ί - | , | |
| Cartified Capies | Cartificator | of Status |
| Certified Copies | _ Certificates | or Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | | |
| | | |

Office Use Only



300317586233

09/04/18--01040--028 **25.00

FILED
18 SEP -4 PM 3: 07

O SIMMONS SEP 0 8 2018

COVER LETTER

| то: | Registration Sec Division of Cor | | | |
|---------------|--|--|---|---|
| CUBIC | | R USA LLC | | |
| SOBJE | .CI: | Name of Limi | ted Liability Company | |
| The end | CAIRO AIR USA 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: Richard H. Maney Name of Person Maney Gordon Zeller, P.A. Firm/Company 101 E. Kennedy Blvd. Suite 1700 Address Tampa Florida 33602 City/State and Zip Code h.yahia@cairoairtrading.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard H. Maney at (1) Name of Person Name of Person Name of Person City/State and Zip Code h.yahia@cairoairtrading.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard H. Maney at (2) Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Sencioned Status Considered Const. Const. Const. Const. Co | | | |
| Please | return all correspo | ndence concerning this matter t | to the following: | |
| | | Richard H. Maney | | |
| | | | Name of Person | |
| | | Maney Gordon Zeller, P.A. | , | |
| | | | Firm/Company | |
| | | 101 E. Kennedy Blvd. Suite | e 1700 | |
| | | | Address | |
| | | Tampa Florida 33602 | | |
| | | | City/State and Zip Code | |
| | | - | | |
| | | E-mail address: (6 | o be used for future annual report notific | cation) |
| For fur | her information co | oncerning this matter, please ca | ll: | |
| Richar | d H. Maney | | | |
| | Name of | l'Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| ■ \$25 | 5.00 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

| CAIRO AIR USA LLC | 3. | 46. \ |
|--|---|---------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our recordited Liability Company) | <u>uv.</u> / |
| The Articles of Organization for this Limited Liability Comprovide document number 1.18000003749 | pany were filed on 01/04/2018 | and assigned |
| 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 "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | \$ |
| Principal office address MUST BE A STREET ADDRES. | <u> </u> | |
| Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX" | | φ. Q. |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on our record here: | ds, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addr | ess |
| | F | Florida |
| | Cuy | 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 | Sherif, Hesham Yehia Abdelrahman | 5602 Ashley Oaks Drive, Apt 15. Tampa, Fl. 33617 | |
| | | | Remove |
| | | | Change |
| MGR | Hesham Y Hegab | | □ Add |
| | | 5602 Ashley Oaks Drive, Tampa, FL 33617-15 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | <u></u> | D Remore |
| | | | C C C C C C C C C C C C C C C C C C C |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |

| | | | _ |
|-------|--|--|-----------------|
| - | | | |
| - | - | | _ |
| | | | _ |
| | | | |
| - | | | |
| - | | | _ |
| - | | | - - |
| - | <u> </u> | | _ |
| | | | _ |
| | | SE SE | 上にたっ |
| - | • | | – ^{גג} |
| - | | | <u> </u> |
| - | | | <u>ڊي</u> |
| | | <u> </u> | <u>9</u> |
| | | | |
| - | | | <u> </u> |
| • | | | _ |
| - | | | - |
| ffoct | August 31, 2018 | (antional) | |
| an ch | ve date, if other than the date of filing: | 90 days after filing.) Pursuant to 6 | 05.020° |
| | ent's effective date on the Department of State's records. | ements, this date will not be if | sieu a: |
| | | | |
| | ord specifies a delayed effective date, but not an effective time, a | t 12:01 a.m. on the ear | lier o |
| | 90th day after the record is filed. | | |
| | 90th day after the record is filed. | | |
| The | 90th day after the record is filed. August 31, 2018 | . ⊿∶ | |
| The | | Ala. | |
| The | | Aluxanber 19 19 19 19 19 19 19 19 19 19 19 19 19 | |

Page 3 of 3

Filing Fee: \$25.00