L18000205681

| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | s to Filing Officer: |
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October 24, 2019

ROSA VILLAR 2100 NW 129TH AVE MIAMI, FL 33182

SUBJECT: KALITTA AIR CHARTERS COMPANY LIMITED LIABILITY

COMPANY

Ref. Number: L18000205681

We have received your document for KALITTA AIR CHARTERS COMPANY LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing from the document. Please find enclosed, the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00021957

Rebekah White Regulatory Specialist II Supervisor

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: HALLHA Air Chaeles Company livited lightlity 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: |
| Name of Person |
| Kalitta Air Chapters Oupany LLC. |
| 2100 NW 1294 Ave |
| City/State and Zip Code RCEQ 1 1955 DOCH LOOK Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Rosa Village at 154 210-8295 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee & S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 63.27 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

| MALIHA Air Charles Companion (Name of the Limited Liability Charges Li | of as it now appears on our records |
|--|---|
| The Articles of Organization for this Limited Liability Company v. Florida document number <u>ISOCODO 568</u> . | were filed on O8 28 2018 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability. The new name must be distinguishable and contain the words "Limited Liability". | ··· |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | NIA |
| Enter new mailing address, if applicable: (Mailing address MAY BE 4 POST OFFICE BOX) | NIA |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | ice address on our records, enter the name of the new |
| Name of New Registered Agent: | MA |
| New Registered Office Address: | Para filadida and di |
| | Enter Florida street address |
| | , 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 Title Name Address Type of Action Rosa Villae C 2100 NW 129 Aire 0 Add ______ Change MGR Rosa VILLAR ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change bbA □ □ Remove ☐ Change ☐ Add

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| | If the date inserted in ent's effective date or | · ~ > (_ tr 000 3 HOL | HICCL HIP AITH | ucanie stanieczy | filing requiren | days aner mu ients, this da | ng.) Pursuant to 605.0 te will not be listed |
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| rec | ord specifies a de 90th day after th | elayed effective | date, but r | not an effecti | ve time, at | 12:01 a.m | . on the earlier |
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Filing Fee: \$25.00