

11/8/24, 2:14 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP
Account Number : I1999000077
Phone : (407)649-4016
Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Drallen500@icloud.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHARLIE KILO DELTA, LLC

Certificate of Status	0
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NOV 14 2024

Electronic Filing Menu

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November 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHARLIE KILO DELTA, LLC
4460 LOWER PARK ROAD #2414
ORLANDO, FL 32814US

SUBJECT: CHARLIE KILO DELTA, LLC
REF: L20000029993

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000372943
Letter Number: 524A00024694

COVER LETTER

(((H24000372943 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Charlie Kilo Delta, 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:

Kathryn Jones

Name of Person

Baker & Hostetler LLP

Firm/Company

200 S. Orange Avenue Suite 2500

Address

Orlando, Florida 32801

City/State and Zip Code

drallen500@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Jones

Name of Person

at (407)

Area Code

645-4029

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H24000372943 3)))

Charlie Kilo Delta, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 23, 2020 and assigned Florida document number L20000029993.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EZ Aviation, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1241 Spring Lake Drive

Orlando, Florida 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1241 Spring Lake Drive

Orlando, Florida 32804

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sofia Kirk

New Registered Office Address:

1241 Spring Lake Drive

Enter Florida street address

Orlando

Florida

32804

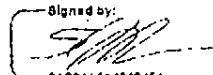
City

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.

Signed by:



If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/8/2024 | 10:48 AM PST

- DocuSigned by:

David Allen

Signature of a member or authorized representative of a member

David Allen

Typed or printed name of signee

Filing Fee: \$25.00

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