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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

UPPER AIRCRAFT INTERNATIONAL, LLC SUBJECT: 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: CHRISTINA CIACCHI Name of Person UPPER AIRCRAFT INTERNATIONAL, LLC Firm/Company 7000 CHALLENGER AVE Address TITUSVILLE, FL 32780 City/State and Zip Code piercarlo.ciacchi@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christina Ciacchi 258-7363 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: **Registration Section** Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPPER AIRCRAFT INTERNATIONAL, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our recor ability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company were filed on 01/13/2020 Plorida document number L2000035001		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 ADDRESS)		2020 FA LII
		>2 ₹ ***
		SS THE
		1888 1971 1971
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	 	57
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>ente</u>	r the name of the new register
New Registered Office Address:		
New Registered Office Address.	ess	
	, F	lorida
	City	loridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree	to act in this canacity. I fi	urther garee to comply with t

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 Aúthorized 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
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90% - CHRISTINA CIACCHI		
10% - PIERCARLO CIACCHI		
		
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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date	(optional)	605
If the date inserted in this block does not meet the applicable sment's effective date on the Department of State's records.		
series effective date on the Department of State's records.		
rd specifies a delayed effective date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th d	ay after
iled.		
The MARS/2020 Christina Ciachi		
PD . 7 P. 1.		
$\frac{1}{2}$	representative of a member	

Filing Fee: \$25.00