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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		raft International, LLC		
3 <b>003</b> E	C1	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		ondence concerning this matter	_	
		Christina Ciacchi		
		·	Name of Person	
		Upper Aircraft Internation	al LLC	
			Firm/Company	
		7000 Challenger Ave		
			Address	
		Titusville, FL 32780		
			City/State and Zip Code	
				ation)
For furth	ner information c	oncerning this matter, please c	all:	
Christin	a Ciacchi	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)  oncerning this matter, please call:  at (		
	Name o	f Person		elephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■ \$2</b> 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 Addres Registration S	Section	Street Address: Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Upper Aircraft International LLC

2020 AUG -4 PM 3: 46

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

TALLAHASSEF FL TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 01/13/2020 \_\_\_\_\_ and assigned Florida document number L2000035001 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_\_\_\_. Florida \_\_\_

## 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>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00