L20000241372

(Requestor'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:				
Wmils				

Office Use Only



400437073104

10/02/24--01004--006 **30.00

1124 CT -2 F-12: 55

COVER LETTER

.

Registration Section Division of Corporations

TO:

ARIES TELESCOPE	viation, LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cynthia Childress		
		Name of Person	
		Firm/Company	
	296 Limestone Circle		
		Address	
	Crestview, FL 32539		
		City/State and Zip Code	
	ec4usa@gmail.com		•,•••
	E-mail address: (to be used for future annual report not	incation)
For further information	concerning this matter, please c	all:	
Cynthia Childress		850 420-8888 at ()	
Name of Person Area Code		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 Se Division of Co The Centre of 7 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zero In Aviation, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>08/10/2020</u>	and assigned
orida document number L20000241372		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he ZIA Way, LLC		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	502 S Ferdon Blvd	
rincipal office address MUST BE A STREET ADDRESS)	Unit A	75
	Crestview, FL 32536	12. 57
		2 -
nter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , ,
failing address MAY BE A POST OFFICE BOX)	502 S Ferdon Blvd Unit A	۲۰۰۰
- 	Crestview, FL 32539	÷5
		्र ज
If amending the registered agent and/or registered office	address on our records, <u>enter the n</u>	ame of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cin	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	
AMRR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			
			□Remove
			□ Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing the purpose of business from Aviation Services to Personal Care Services. The new NAICS will be 812191, E. Effective date, if other than the date of filing: 10/01/2024 (If an effective date is listed, the date area) (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_ Cynthia Childress Typed or printed name of signee

Filing Fee: \$25.00