## L20000339950

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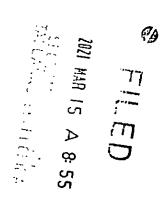
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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** C.S. AVIATION HOLDINGS 6, 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: Michal Shashua Name of Person C.S. AVIATION HOLDINGS 6, LLC Firm/Company 18800 NE 29TH AVENUE, APT PH30 Address AVENTURA, FL 33180 City/State and Zip Code mshashua305@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michal Shashua Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **\$25.00** Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate bf Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** D Registration Section Registration Section ထ္ Division of Corporations **Division of Corporations** S P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.S. AVIATION HOLDINGS 6, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000339850</u> .	ny were filed on 10/26/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" o	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:	<del> </del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	
Name of New Registered Agent:		<b>3</b> 77
New Registered Office Address:	Enter Florida street address	: 55 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	enier Pioriaa street aaaress : : Flori	
<del></del> -	City S.	Zin 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 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
MGR	CS AVIATION CONSULTANTS	PO BOX 3417	□Add
		HALLANDALE, FL 33008	■Remove
			□Change
MGR	CS AVIATION CONSULTANTS, INC.	PO BOX 3417	
		HALLANDALE, FL 33008	□ Remove
			□Change
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document'	's effective date o	on the Departme	nt of State's r	ecords.		- 	80	J
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Dated	March	9,		٠ ـــ ١				
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