## K21000205251

(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:

Office Use Only



700372468197

09/01/21--01010--021 \*\*25.00

2021 SEP -1 PM 3: 55

D BRUCE SEP 12 MM

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations						
DSI Aerosp	pace, LLC						
SUBJECT:	Name of Lin	nited Liability Company	;				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Michael Tishman						
	· <del>···</del>	Name of Persor	1				
	DSI Aerospace, LLC						
	<del></del>	Firm/Company					
	2111 NW 107th Drive						
		Address					
	Coral Springs, FL 33071						
		City/State and Zip C	lode				
	mtishman@dsiaerospace.co				\$	20	
		to be used for future an	nual report notification	on)	E.	2021 SEP -1 PH 1:5	Ľ
For further information c	oncerning this matter, please c	ан:				ز' ا	•
Michael Tishman		954 at (	415-1080 )		<u>;</u> - !	— —	
Name o	f Person	Area Code	Daytime Tele	ephone Number	•	_K 	
					Y!	 က	
Enclosed is a check for the	he following amount:				. •		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	y	Certified (	of Status &		
Mailing Address Registration 3			et Address: istration Section	1			
Division of C		_	ision of Corpora				
P.O. Box 632			Centre of Talla				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ility Company as it now appears on our records.) ida Limited Liability Company)	
Company were filed on 05/03/2021	and assigned
mited liability company here:	
imited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
ORESS)	
<del></del>	
	<del>_</del>
red office address on our records, <u>enter the name</u> :	2021 3
Enter Florida street address	
Florida	
·	Zip Code
red Agent: It and agree to act in this capacity. I further agr complete performance of my duties, and I am for agent as provided for in Chapter 605, F.S. Or, a red office address. I hereby confirm that the limes.	ee to comply with the miliar with and fithis document is
<u>r</u> i	ed office address on our records, enter the name  Enter Florida street address  City  ed Agent:  t and agree to act in this capacity. I further agreemplete performance of my duties, and I am fagent as provided for in Chapter 605, F.S. Or, and office address. I hereby confirm that the lime

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael Tishman	2111 NW 107th Drive, Coral Springs, FL 33071	□Add
			□Remove
MGR Michael Tishman ———	Michael Tishman	2111 NW 107th Drive, Coral Springs, FL 33071	<b>=</b> Add
		<del></del>	□Remove
			□Change
			P Remove
			D Change
		<del> </del>	
			🗀 Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
		<del></del>	□Add
			□Remove
			Chance

·	<del></del>		
	<del></del>	<del></del>	<del></del>
			202
			2021/SEP
<del> </del>			
			<b>是</b>
<del>" " " " " " " " " " " " " " " " " " " </del>	<del>-</del>		
	<del></del>		
	<del>-</del>		
fective date, if other than the m effective date is listed, the date mus	date of filing: be specific and cannot be prior to date of	of filing or more than 90 days after	onal) filing.) Pursuant to 605,0207
ote: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable sta	tutory filing requirements, this	s date will not be listed as
record specifies a delayed effective	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b	) The 90th day after the
is filed.			
is filed.			
is filed.  August 28	2021		
	. 2021		
ated August 28	2021 Signature of a member or authorized rep	presentative of a member	