LZ1000205251

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Emily Warne) |
| (Document Number) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | tration Sec ion of Corp | | | | | |
|------------------|---|--|---|---|-------------|--|
| | SI Aerospa | , ace, LLC | હ | , | | |
| SUBJECT: _ | · · | Name of Lim | ited Liability Company | _ | | |
| | | Amendment and fee(s) are subsidence concerning this matter | | | | |
| | | Michael Tishman | | | | |
| | | | Name of Person | | | |
| | | DSI Aerospace, LLC | | | | |
| | | | Firm/Company | | | |
| | | 2111 NW 107th Drive | | | | |
| | | | Address | | | |
| | | Coral Springs, FL 33071 | | | | |
| | | | City/State and Zip Code | () | 202 | |
| | | mtishman@dsiaerospace.co E-mail address: (| m to be used for future annual report notification) | | 2021 OCT 13 | |
| For further infe | ormation co | oncerning this matter, please ca | all: | | []3 | |
| Michael Tishn | nan | | 954 415-1080 | : : : : : : : : : : : : : : : : : : : | 2: - 15: | |
| | Name of | Person | Area Code Daytime Telephone Nu | mber 75 - | 3 NHO: 30 | |
| Enclosed is a c | theck for th | e following amount: | | | | |
| ■ \$25.00 Fil | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Cert (additional copy is enclosed) Cert | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Regi | ing Address stration S sion of Co | | Street Address: 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

| DSI Aerospace, LLC | | |
|---|---|-----------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our recoited Liability Company) | ords.) |
| the Articles of Organization for this Limited Liability Comp | oany were filed on 05/03/2021 | and assigned |
| lorida document number L21000205251 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "L | J.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | 2021 SEC |
| | | F 8 T |
| nter new mailing address, if applicable: | | <u>ω</u> (Δ) <u>Μ</u> |
| Mailing address MAY BE A POST OFFICE BOX) | | in a |
| | | A |
| | | <u>د</u> ے ہے۔ |
| If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our records, <u>ent</u> | ter the name of the new regist |
| | | |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street ada | tress |
| | | Florida |
| | City | 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 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> | Name | Address | Type of Action |
|--------------|-----------------|---|------------------|
| MGR | Michael Tishman | 2111 NW 107th Drive, Coral Springs, FL 33071 | □Add |
| | | | □Remove |
| | | | 🗏 Change |
| President | Michael Tishman | 2111 NW 107th Drive, Coral Springs, FL 33071 | = Add |
| | | | □Remove |
| | | | □Change |
| MGRM | Cheryl Tishman | 2111 NW 107th Drive, Coral Springs, FL 33071 | □Add |
| | | | Remove 22 Change |
| V.P. | Cheryl Tishman | 2111 NW 107th Drive, Coral Springs, FL 3307.1 | دی Add |
| | | | Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
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| Michael Tish | | | | |
|--|---|---|---------------------------------------|---------------------|
| October 01 | 2021 | | | |
| record specifies a delayed effectiv I is filed. | e date, but not an effective time, at 12:0 | 01 a.m. on the earlier of: (b |) The 90th day afte | r the |
| ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D | t be specific and cannot be prior to date of fi ock does not meet the applicable statute | (opti- ling or more than 90 days after ory filing requirements, thi | filing.) Pursuant to 605 | 5,0207 (ed as t |
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