

**L 21000241547**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALEGEN FLEET, LLC  
Account Number : 120210000134  
Phone : (847)687-2318  
Fax Number : (847)687-2318 8

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: zheka@zheka.com

2021 NOV -3 PM 3:13

ALL AMND/STATE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**AZIMUT 50 FLY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

ALL AMND/STATE FLORIDA

2021 NOV -3 PM 1:07

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AZIMUT 50 FLY LLC**

\_\_\_\_\_  
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:

EUGENE LIKHOVID

\_\_\_\_\_  
Name of Person

AZIMUT 50 FLY LLC

\_\_\_\_\_  
Firm/Company

21708 ACORN CT

\_\_\_\_\_  
Address

KILDEER, IL 60047

\_\_\_\_\_  
City/State and Zip Code

zhaka@zhaka.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENE LIKHOVID

847 687-2318  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

AZIMUT 50 FLY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/24/2021 and assigned  
Florida document number 1.21000241547.

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)

AZIMUT 50 FLY LLC

18101 COLLINS AVE, APT 1703

SUNNY ISLES BEACH, FL. 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

AZIMUT 50 FLY LLC

21708 ACORN CT

KILDEER, IL 60047

**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:

EUGENE LIKHOVID

New Registered Office Address:

18101 COLLINS AVE, APT 1703

*Enter Florida street address*

SUNNY ISLES BEACH

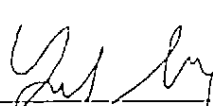
*City*

Florida 33160

*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

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COURT  
HALL  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EUGENE LIKHOVID	18101 Collins Ave, Apt 1703	<input type="checkbox"/> Add
		Sunny Isles Beach, FL, 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALEKSANDR FAYN	18101 Collins Ave, Apt 1703	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL, 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 November 3, 2021

Signature of a member or authorized representative of a member

EUGENE LIKHOVID

Typed or printed name of signee

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ST. JOSEPH'S STAT.  
COURT, FLORIDA  
CLERK