To: 8506176383 From: Eugene Likhovid 2/2/2022 10:55:05 AM p. 2 of 6



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000043228 3)))



H220000432283ABCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALEGEN FLEET, LLC Account Number : I20210000134 : <u>(847)687-2318</u> Phone Fax Number :<u>(847)687-23**1**8</u> 8

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

zheka@zheka.com Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXE CHARTERS LLC

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

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To: 8506176383 . From: Eugene Likhovid 2/2/2022 10:55:05 AM p. 3 of 6

COVER LETTER

TO: Registration S Division of Co					
	ARTERS LLC				
SUBJECT: Name of Limited 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:			
	EUGENE LIKHOVID				
		Name of Person			
	LUNE CHARTERS LLC				
	Firm/Company				
	17301 BISCAYNE BLVD	. #1707			
	· · · · · · · · · · · · · · · · · · ·	Address			
	AVENTURA, FL 33160				
	zheka@zheka.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report i	notification)		
For further information	concerning this matter, please ca	all:			
EUGENE LIKHOVID		847 687-2318			
Name	of Person	at () Area Code Day	time 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 Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address Registration Division of C The Centre o	Section		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

To: 8506176383 . From: Eugene Likhovid 2/2/2022 10:55:05 AM p. 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUNE CHARTERS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L21000251053	Liability Company	were filed on $\frac{05/28/2021}{}$		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the		lity Company," the designation	"I.LC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if appli	icable:		-	
(Principal office address MUST BE A STRE	ET_ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		S-NET ACCOUNTING		
(Mailing address MAY BE A POST OFFICE BOX)		1100 E. WOODFIELD RD. STE 101		
	SCHAUMBURG, IL 60173			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records,	enter the name	· 22 [E
Name of New Registered Agent:	EUGENE LIKHOVID		· .	. co
New Registered Office Address:	17301 BISCAY	'NE BLVD. #1707		2 <u>H</u>
		Enter Florida street		
	AVENTURA		Florida <u>3310</u>	50 ₩
		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 Changing Registered Agent, Signature of New Registered Agent

To: 8506176383 From: Eugene Likhovid 2/2/2022 10:55:05 AM p. 5 of 6

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	<u>Address</u>	Type of Action
AMGR	AZIMUT 50 FLY LLC	18101 Collins Ave, Apt 1703	\ Add
		Sunny Isles Beach, FL, 33160	□Remove
			Change
			DAdd
			□Remove
			☐ Change
			□ Add
		Петоче	
		[]Change	
	_		
		□Remove	
		□Change	
			□Add
		□Remove	
		⊡Add	
		□Remove	
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: _ (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 _ FEBRUARY 2 2022 Signature of a member or authorized representative of a member

From: Eugene Likhovid

To: 8506176383

2/2/2022 10:55:05 AM

p. 6 of 6

Filing Fee: \$25.00

Typed or printed name of signee

ALEKSANDR FAYN