## K21000302313

(Re	questor's Name)	
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2021 SEP -3 AH 5: 03

8/15/2021

## **COVER LETTER**

TO:	Registration Sec Division of Cor		•		
CHIDIE		RAFT HOLDINGS LLC	• ,		
SUBJECT: Name of Limited Liability Company					
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		MAX ADAMS			
			Name of Person		
		MEDI LAW FIRM			
			Firm/Company		
		4929 SW 74TH CT			
			Address	<del> </del>	
		MIAMI FL 33155			
			City/State and Zip Code		
		EVELYN@THEMEDILAV	VFIRM.COM to be used for future annual report notif	igation)	
For furt	her information e	oncerning this matter, please or	·	reactivity	
		orneering this matter, preuse of			
MAX /	ADAMS	10	at () 444-3484	c Telephone Number	
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclose	ed is a check for the	ne following amount:			
■ \$2:	5.00 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 S Division of O P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP -3 AM 5: 03

ZENAIRCRAFT HOLDINGS LLC

SECRETARY OF STATE

(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  $\frac{6/302021}{1}$ and assigned Florida document number  $\frac{L21000302313}{L}$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. 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>	Type of Action
MGR	A & L MIRANDA HOLDINGS, IN	12359 SW 132ND CT #15-1	
		MIAM1, FL 33186	≣Remove
			□Change
MGR FIGUEROA, AMILC	FIGUEROA, AMILCAR J	12359 SW 132ND CT #15-1	<b>=</b> Add
		MIAMI, FL 33186	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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			□Change

	<del></del>
If an e Note:	tive date, if other than the date of filing:
e reco	ord 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 filed.
Dated	1 8-30 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00