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SECRETARY OF STATE
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## • COVER LETTER

TO: Registration Section Division of Corporations	• •
SUBJECT: FAIRLADYZ	AVIATION LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fe Please return all correspondence concerning	
	Kirolos Gerges Name of Person
FAIRL	ADYZ AVIATION LLC Firm/Company
3:	247 Pine Forest Drive
P	City/State and Zip Code  Olos 9 (1965 18 @ amail: Com mail address: (to be used for future annual report notification)
<u> </u>	nail address: (to be used for future innual report notification)
For further information concerning this ma	tter, please call:
Mirolos Gerges Name of Person	at (201) 598 - 8466 Area Code Daytime Telephone Number
Money Order Enclosed is a check for the following amount	
\$25.00 Filing Fee	ng Fee & S55.00 Filing Fee & S60.00 Filing Fee, e of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Maiting Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FAIKLADY AVIATI		2022 HAR 21 PM 12: 23
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on Fe	TALLAHASSEE. FL brua(1) 17.7022 and assigned
Florida document number <u>L 2200079564</u> .		21 Mary 11) Pro- 22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company her	<u>e</u> :
77	71. 0	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liab	ility Company, the des	signation "LEC" or the abbreviation "E.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered office	address on our rec	cords, <u>enter the name of the new register</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	dā sirēci iddiress
	Cin	, Florida Zip Code
New Designated Agent's Signature if sharping Designated Agent	City .	ир соце
New Registered Agent's Signature, if changing Registered Agent		the second control of
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as	provided for in Ch	hapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e address, I hereby	v confirm that the limited liability
company has occur notified in writing of this change.		

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

Title	Name	Address	Type of Action
MGR	Kirolos Gerges	3247 Pine Forest Dr.	Add
		Palm Harbor, FL 34684	Remove
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			□Add
			□Remove
			□Add
			Remove
		<del></del> ,.	□Change
			□Add
		<del></del>	□Remove
			[ ] Change
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			Remove
			<b>□</b> Change

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an effective lote: If the	te, if other than the date is listed, the date must be date inserted in this bloceffective date on the Dep	e specific and cannot be k does not meet the ap	policable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) Pursua nts, this date will no	unt to 605,02 of be listed
record spe l is filed.	ifies a delayed effective	date, but not an effect	ive time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after tl
ated Ma	ch 16, 2022		·			
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