

L22000110339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

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(Business Entity Name)

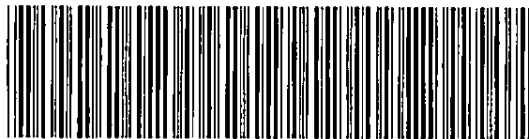
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RECORDS SECTION
TALLAHASSEE, FLORIDA

2024 JUL -8 AM 10:42

RECEIVED

RECORDS SECTION
TALLAHASSEE, FLORIDA

2024 JUL -8 PM 3:01

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$25.00

AUTHORIZATION SIGNATURE: _____

Commercial Aircraft Asset, LLC

L22000110339

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified copies of:

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ **Corp**

___ LLP

___ **INC**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

AMMENDMENTS

___ **X** Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMERCIAL AIRCRAFT ASSET, 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:

SANDRA Z. GREEN, ESQ.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 PONCE DE LEON BLVD., SUITE 601

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

SZG@JHGLAW.COM

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

For further information concerning this matter, please call:

SANDRA Z. GREEN

305 372-5100
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**

FILED

2024 JUL -8 AM 10:42

COMMERCIAL AIRCRAFT ASSET, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/17/2022 and assigned
Florida document number L22000110339.

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:

901 PONCE DE LEON BLVD. SUITE 601

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FLORIDA 33134

Enter new mailing address, if applicable:

901 PONCE DE LEON BLVD. SUITE 601

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FLORIDA 33134

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

City

, Florida

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

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	BRIAN COOPER	2810 N OCEAN DR	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDRA Z. GREEN, ESQ.	901 PONCE DE LEON BLVD. SUITE 601	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<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.)

2024 JUL -8 AM 10:42
TALLAHASSEE, FLORIDA

FILED

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 JULY 3, 2024, _____

Signature of a member or authorized representative of a member

SANDRA Z. GREEN

Typed or printed name of signee

Filing Fee: \$25.00