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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor	ection ; porations	•	•*	9 .		
		RO STRUCTURE LLC	r			* *	
SUBJEC	.T:	Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		NICOLE J. HUESMANN					
			Name of Person			_	
		NICOLE J. HUESMANN.	. P.A.				
			Firm/Company				
		150 ALHAMBRA CIRCL	E, SUITE 1150			دے	
			Address			SEC	المراد والما
		CORAL GABLES, FL 33	134			SEP -	6:336 6:336
		······································	City/State and Zip C	ode		HARY HARY	į. Į"
		NJHUESMANN@NJHLAV	W.COM to be used for future an	nual energy notific	nation)	SSE PR	Į.
For furth	er information o	oncerning this matter, please c		ndar report nounc	,attenty	2022 SEP -8 PM 3: 51 SECRETARY OF STATI TALLAHASSEE. FIL	
NICOLE	J. HUESMANî	×.	305	858-0220		(T)	
	Name o	l'Person	at (Area Code	Daytime '	Telephone Numbe	rr	
Enclosed	is a check for th	ne following amount:					
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Copy (additional copy)	y	Certified	ate of Status &	
-	Mailing Addres Registration S	Section	Reg	et Address: istration Sect			
	Division of C P.O. Box 632			ision of Corp Centre of Ta			
	Tallahassee, I				Street, Suite 8	310	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 08/19/2022 and assigned Florida document number 1.22000365470

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 absolution LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

	Cin	, Florida
New Registered Office Address.	Enter Florida street d	
New Registered Office Address:		
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ZULU AERO STRUCTURE LLC

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMON BETANCOURT	4401 NW 37TH AVENUE, UNIT 1	= Add
		MIAMI, FL 33142	ElRemove
			Change
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ASY 8
(If an ef <u>Note:</u>	ive date, if other than the date of filing: (optional)
docun	nent's effective date on the Department of State's records.
If the recor	d 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 led.
Dated	Scot. 6 2022 Addition to representative of a member
	Signature of a member or authorized representative of a member
	Misael Garcia Tempt or printed paper of signers
	Misael Garcia Typed or printed name of signee

Filing Fee: \$25.00