

L240002710806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

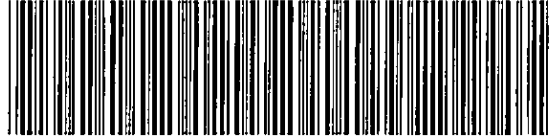
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
SEP 18 2024

Office Use Only



800432513568

CITY

09/16/24 -01023 -001 \*\*25.00

FILED  
2024 SEP 16 PM 3:39  
CITY OF CHICAGO

J. Kish

FLORIDA DEPARTMENT OF STATE

No. 07662

Date: 9/16/24

RECEIVED FROM: Rodrigo Da Rocha

the sum of Twenty five — Dollars \$ 25.00

For the following: Amendment

40412 San Clemente Ct

N. Fort Myers, FL 33917

V. Herrin

for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Onyx Aviation 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:

Rodrigo Da Rocha  
\_\_\_\_\_  
Name of Person

Onyx Aviation  
\_\_\_\_\_  
Firm/Company

4042 San Clemente Ct  
\_\_\_\_\_  
Address

North Fort Myers, FL 33917  
\_\_\_\_\_  
City/State and Zip Code

support@airsell.biz  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodrigo Da Rocha  
\_\_\_\_\_  
Name of Person

786 325-5596  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2024 SEP 16 PM 3:39  
FBI - MEMPHIS

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**