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WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	LLC AMEND	
N	MIAMI AIRCRAFT MX	K, LLC	
((LORPORATE NAME AND DOC	UME:N [#)	
((CORPORATE NAME AND DOCU	UMENT #)	
((CORPORATE NAME AND DOC	ŪMENT#)	
((CORPORATE NAME AND DOC	UMENT#)	
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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	RCRAFT MX, LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JORGE E. CASTILLO		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	8721 NW 162ND TER		
		Address	
	MIAMI LAKES, FL 3301	8	
	miamiaircraftmx@gmail.co	City/State and Zip Code	
	- -	to be used for future annual report no	tification)
For further information co	ncerning this matter, please c	all:	
JORGE E. CASTILLO		786 252-5929	
Name of	Person		ne Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 NOV -7 AM 10: 15

MIAMI AIRCRAFT MX, LLC

(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 Florida document number L24000467696	Company were filed on	n 11/04/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability compar	y here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	<u>-</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ur records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Financia	Florida street address	
	Enter		
	City	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Register	•		- , .
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performanc agent as provided for red office address, I h	e of my duties, and in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
MGR	JORGE E. CASTILLO	8721 NW 162ND TER	■Add
		MIAMI LAKES, FL 33018	□Remove
			□Change
			□Add
			□Remove
	- .		□Add
			□Remove
			☐ Change
			□Add
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			Remove
			□ Change

				
				
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Note: It t	e date, if other than the date of filing:tive date is listed, the date must be specific and can the date inserted in this block does not meet at's effective date on the Department of State	the applicable statutor	(opl ng or more than 90 days aft ry filing requirements, th	tional) er filing.) Pursuant to 605.0207 ais date will not be listed as
	specifies a delayed effective date, but not an e	ffective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
: record s _l d is filed.				
d is filed.	ovember 7 // , 20			
rd is filed.		er or authorized represe	ntative of a member	

Filing Fee: \$25.00