

M21 000006701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

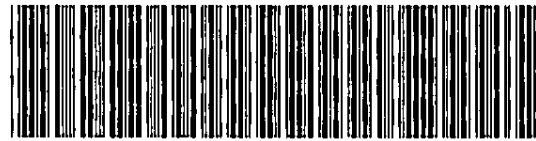
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Handwritten signature



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08/30/22--01019--001 *\$25.00

22 AUG 30 AM 10:33
RECEIVED
FILING OFFICE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEARJET 60 G1 LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELANIE ZAGA

Name of Person

Firm/Company

231 GRANT DRIVE

Address

MIAMI, FL 33133

City/State and Zip Code

MELANIEZAGA@GMAIL.COM

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

For further information concerning this matter, please call:

REDA DEEB, ESQ.

at (305) 854-2663

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

22 AUG 30 AM 10:33

RECEIVED
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LEARJET 60 GI LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000006701

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/05/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, **Florida**
City 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.

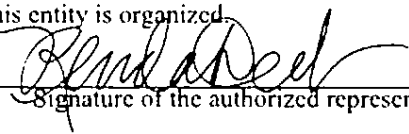
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pablo Javier Vallejo Fabregat	231 GRANT DR.	<input type="checkbox"/> Add
		CORAL GABLES, FL 33133	<input checked="" type="checkbox"/> Remove
MGR	MELANIE ZAGA	231 GRANT DR.	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

RENDA DEEB, ESQ.

Typed or printed name of signee

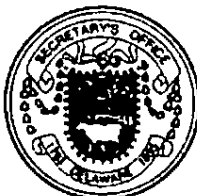
Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "LEARJET 60 G1 LLC",
FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF JULY, A.D. 2022,
AT 11:20 O'CLOCK A.M.



4193547 8100
SR# 20223054400

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203979009
Date: 07-21-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:20 AM 07/18/2022
FILED 11:20 AM 07/18/2022
SR 20223012763 - File Number 4193547

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

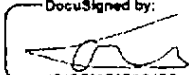
1. Name of Limited Liability Company: **LEARJET 60 G1 LLC**
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

ARTICLE THREE IS HEREBY AMENDED TO READ AS FOLLOWS:

**THE MANAGER OF THE COMPANY, WHO SHALL SERVE UNTIL
HER SUCCESSOR IS ELECTED IS AS FOLLOWS:**

MELANIE ZAGA
231 Grant Drive
Miami, FL 33133

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the
1st day of July, 2022.

By:  _____
Authorized Person(s)

Printed Name: **ANDREINA JATIVA DMD**