

M22000018182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

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A. HUNT

02/14/24

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 02/14/2024  
Acc#I20160000072

*en: c SW*

Name:	Quick Turn Engine Center, LLC
Document #:	
Order #:	15381047

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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TALLAHASSEE, FL

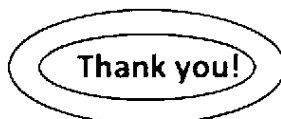
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Document _____
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quick Turn Engine Center 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:

Rutzy Lualhati

Name of Person

c/o FIG LLC

Firm/Company

1345 Avenue of the Americas 46th floor

Address

NY, NY USA 10105

City/State and Zip Code

rlualhati@fortress.com

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

For further information concerning this matter, please call:

Rutzy Lualhati

at ( 212 ) 798 6100

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

CR2E055 (9/15)

**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: Quick Turn Engine Center LLC

Enter new principal office address, if applicable: c/o FTAI Aviation  
415 West 13th street 7th floor  
**(Principal office address**  
**MUST BE A STREET ADDRESS)** NY, NY USA 10014

Enter new mailing address, if applicable: c/o FTAI Aviation  
415 West 13th street  
**(Mailing address**  
**MAY BE A POST OFFICE BOX)** NY, NY USA 10014

2. The Florida document number of this limited liability company is: M22000018182

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 7, 2022

**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>
Manager	Dan Krasner	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
Manager	Mary Ann Sigler	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
CEO	Kevin Collins	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
CFO	Derrick Dough	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
Secretary	John Gerald Holland	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 North Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" 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

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2020 JUN 11 AM 9:17  
CLERK OF COURT  
STATE OF FLORIDA

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>
Asst Sec	Barbara Velasco	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
Asst Trea	Dawn Marie Walloch	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
Other	Stephen Zollo	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
Manager	David Moreno	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 N. Crescent Dr South Bldg Beverly Hills, CA, 90210	<input checked="" type="checkbox"/> Remove
Manager	Joseph P. Adams	c/o Platinum Equity Advisors LLC	<input type="checkbox"/> Add
		360 North Crescent Dr South Bldg Beverly Hi CA, 90210	<input checked="" 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

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

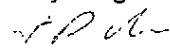
STATE  
OFFICE  
FEB 16, AM 9:17

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Joseph P. Adams	c/o FTAI Aviation 415 West 13th st 7th fl	<input checked="" type="checkbox"/> Add
		NY, NY USA 10014	<input type="checkbox"/> Remove
Manager	David Moreno	c/o FTAI Aviation 415 West 13th st 7th fl	<input checked="" type="checkbox"/> Add
		NY, NY USA 10014	<input type="checkbox"/> Remove
Secretary	Demetrios Tserpelis	c/o FTAI Aviation 415 West 13th st 7th fl	<input checked="" type="checkbox"/> Add
		NY, NY USA 10014	<input type="checkbox"/> Remove
Authorized <input checked="" type="checkbox"/>	Steve Baker	c/o FTAI Aviation 415 West 13th st 7th fl	<input checked="" type="checkbox"/> Add
		NY, NY USA 10014	<input type="checkbox"/> Remove
Authorized <input checked="" type="checkbox"/>	Ali Ojikutu	c/o FTAI Aviation 415 West 13th st 7th fl	<input checked="" type="checkbox"/> Add
		NY, NY USA 10014	<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

Joseph P. Adams

Typed or printed name of signee

Filing Fee: \$25.00

STATE  
TALLAHASSEE, FL  
MAR 11 2020  
AM 9:17