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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : 120010000062
Phone : (323) 962-9600
Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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AIRIS USA, LLC

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D. BRUCE
JUN 02 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIRIS USA, 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:

Cheyenne Moseley
Name of Person

Legalzoom.com, Inc.
Firm/Company

101 N. Brand Blvd., 11th Floor
Address

Glendale, CA 91203
City/State and Zip Code

joseformell@hotmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cheyenne Moseley at 800 773-0888 ext. 9724
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AIRIS USA, 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 Company were filed on 10/12/2015 and assigned Florida document number L15000173781.

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 end with the words "Limited 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 ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Thomas Van Daalen	3250 NE First Avenue, Suite 305	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
MGR	José Fornell	520 Brickell Key Dr. #1810	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
MGR	Javier Acosta	101 Crandon Blvd. Unit # 274	<input checked="" type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
AMBR	Daniel Acosta	101 Crandon Blvd. Unit #274	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
AMBR	Juan Patricio Acosta	101 Crandon Blvd. Unit #274	<input checked="" type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
AMBR	Vinatal SL	520 Brickell Key Dr. #1810	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV. Please amend AMBR Jose Fornell's address to:

520 Brickell Key Dr. #1810, Miami, FL 33131

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/24/17



Signature of a member or authorized representative of a member

Jose Fornell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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**Attachment to Articles of Amendment
To Articles of Organization of
AIRIS USA, LLC**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Action</u>
AMBR	PROS ENERGY INTERNATIONAL LIMITED	520 Brickell Key Dr. #1810 Miami, FL 33131	ADD
AMBR	Javier Acosta	101 Crandon Blvd. Unit # 274 Key Biscayne, FL 33149	ADD

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