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(Re	equestor's Name)	
(Ac	ddress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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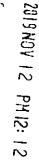


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October 28th 2019

State of Florida **Division of Corporations** Reference- Dissolution as a member from an LLC

To whom it may concern;

Please take this letter as my formal request to be removed as a member manager from Barroso & Gonzalez LLC.

This is a permanent request as I have nothing further to do with this company and I do not have any further responsibilities.

Please feel free to contact me if you have any additional questions.

Sincerely,

Lazaro Perez Barroso 2743 W 70TH ST

Hialeah, FL 33016

786-608-5397

State of Florida

County of Miami Dade

The foregoing instrument was acknowledge before me the 28 day of Corber 20 7.By +6760 Fee2 Corroso. Personally Known or produced

Type of identification produced \checkmark

SUMAILYN OTANO TY COMMISSION # GG056672

Sumailyn Otano **Notary Public**

SEAL

COVER LETTER

SUBJECT:	Barroso &	Gonzalez LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed a	Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return a	II correspond	lence concerning this matter (to the following:	
			Elier Gonzalez Menendez	
			Name of Person	
		Barı	roso & Gonzalez LLC	
	Firm/Company			
		980	7 NW 80 AVE UNIT 118	
			Address	
		Hialea	nh Gardens FL 33016	
		Erickeliergonza	City/State and Zip Code lez@gmail.com	
		E-mail address: (t	o be used for future annual report noti-	fication)
For further infe	ormation cor	acerning this matter, please ca	ill:	
Elier Gonzalez	z Menendez		786 675-8831	
<u> </u>	Name of I	Person		e Telephone Number
Enclosed is a c	theck for the	following amount:		
□ \$25.00 Fil	ing 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

TO:

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

Barroso & Gonzalez LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 1/9/2019 and assigned The Articles of Organization for this Limited Liability Company were filed on October 28, 2019 Florida document number _______119000011309 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aviation Machinery Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 9807 NW 80 AVE UNIT 11S (Mailing address MAY BE A POST OFFICE BOX) Hialeah Gardens FL 33016 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

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

. Florida ___

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>	<u>Address</u>	Type of Action
MGR	Lazaro Perez Barroso		
		2743 W 70 ST Hialeah FL 33016	Add
			■ Remove
			Change
			☐ Remove
		-	Change
		-	Add
			□ Remove
			Change
			□ Remove
			□ Change
		□ Remove	
			Change
			Add
			Remove
			Change

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ffective date, if other that an effective date is listed, the dat sote: If the date inserted in the determinant's effective date on the social social section is the social section.	e must be specific and a mis block does not me	cannot be prior to deet the applicable	ate of filing or more statutory filing	(option e than 90 days after f requirements, this o	ilina i Purayant ta 605 (0207 d as :
e record specifies a del The 90th day after the	ayed effective da record is filed.	ate, but not a	n effective tin	ne, at 12:01 a.	m. on the earlie	r of
October 28	0	2019				
		nember or authorize				
	1 Signature of a m	iember or authorize	ed representative of	a member		
Elier Gonzalez Me						

Page 3 of 3

Filing Fee: \$25.00