Division of Corporations

4/14/22, 2:28 PM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

Email	Address:		 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AERORENTAL USA LLC

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APR 19 2022

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

AERORENTAL USA LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number L22000151067	were filed on 04/11/202	2	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices 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)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, <u>enter the na</u>	ame of the new regist
Name of New Registered Agent:		<u>-</u>	
N. Barriagand Office Address			FACTOR 28
New Registered Office Address:	Enter Florida stred	et address Florida	2 APR
	City	, 1 101 144	S Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		ED ♣
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	e performance of my du	ities, and I ai	agर्द्धहाठ comply with

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	Edison Fabian Beltran Rodriguez	2330 PONCE DE LEON BLVD	□ Add
		CORAL GABLES, FL 33134	<b>■</b> Remove
			□Change
MGR	Camilo Andres Escobar Garcia	2330 PONCE DE LEON BLVD	■Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			🗀 Add
		<u></u>	Remove
			☐ Change
			□Add
			□ Remove
			Change

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record specifies a delayed effect	ive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day a	fter the
document's effective date on the	Department of State's record	s.		
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ffective date, if other than the	e date of filing:	200	(optional)	.06.0207.4
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