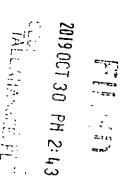
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AN A VICTIO (C) 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:
Custian Podvigues Name of Person 9
Firm/Company
15025 Sw B9th terr Rd
City/State and Zip Code  Crodriques @ Albertones from & Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Costian Rodrigus at (305) 340 1613  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
Filing Fee Solution Filing Fee & Certificate of Status & Cert

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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L180</u> 281765.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  A SN Aviation FL  The new name must be distinguishable and contain the words "Limited Liability".	116
Enter new principal offices address, if applicable:	y company, the designation life of the adolestation life.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2019 OCT 30 PH
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage	, enter the title,	name, and	l address of eac	h person	being add	<u>ed</u>
or removed from our records:						

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
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i effec <u>te:</u> T rumei	ctive date f the dat nt's effe	is listed, the d te inserted in ective date or	this block does not r the Department of S	I cannot be prior to date neet the applicable st	atutory filing requ	tirements, this é	ling.) Pursuant to 605.0 late will not be listed
he S	90th d	ay after th	ne record is filed.	iace, out not an t	mective time,	at 12.01 d.	n, on the earlier
ed _	<u> </u>	1871	19		>		
			Signature of a	member or authorized re	epresentative of a n	iember	·
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Page 3 of 3

Filing Fee: \$25.00