



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2021

ALBALUCIA FOLEY
4100 CORPORATE SQUARE #100
NAPLES, FL 34104

SUBJECT: AIR WORLD INVESTMENTS AND SERVICES LLC
Ref. Number: L21000071867

We have received your document for AIR WORLD INVESTMENTS AND SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check a box informing our office if the information for Luis J Gonzalez is being added, removed or changed from our records. If they are not being added, removed or changed, please remove the information from the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Supervisor

Letter Number: 821A00010100

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2021 JUN - 7

RECEIVED

2021 JUN - 7 PM 3:12

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L21 000071867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

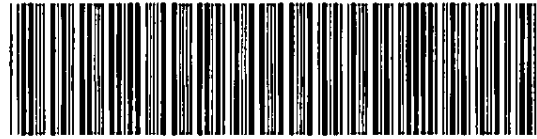
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/01/21 01014 007 \$25.00

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2021 JUN -7 A 11:24

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

AIR WORLD INVESTMENTS AND SERVICES 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 FEBRUARY 11/2020 and assigned
Florida document number 1.21000071867.

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 contain 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)

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

City, **Florida** *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

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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>	<u>Type of Action</u>
MGR	LUIS J GONZALEZ	4100 CORPORATE SQUARE STE 100	<input checked="" type="checkbox"/> Add
		NAPLES FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	ELIDA M CHAVES	4100 CORPORATE SQUARE STE 100	<input checked="" type="checkbox"/> Add
		NAPLES FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	MIGUEL A GONZALEZ	4100 CORPORATE SQUARE STE 100	<input checked="" type="checkbox"/> Add
		NAPLES FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	JUAN S GONZALEZ	4100 CORPORATE SQUARE STE 100	<input checked="" type="checkbox"/> Add
		NAPLES FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	ALBALUCIA TOLEY	4100 CORPORATE SQUARE	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		NAPLES FL 34104	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE CORRECT ARTILCE III , IT SHOULD SAY : ANY AND ALL LAWFUL BUSINESS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 23

2021

Foley Forensic Accounting

www.foleyforensicaccg.com

Signature of a member or author

Signature of a member or authorized representative of a member

ALBALUCIA FOLEY/FOLEY FORENSIC ACCOUNTING LLC REGISTERED AGENT

Typed or printed name of signee

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Filing Fee: \$25.00