207000103109

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cin	· y/State/Zip/Phone	- #h
(Oit)	JOLAIG/ZIP/FITORE	- π)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
AR 11611	17	

Office Use Only



500293938525

01/11/17--01003--026 **60.00

17 INN 1 AH IO: 1/8

J. HARRIS

COVER LETTER

TO: Registration S Division of Co		
Archeion SUBJECT:	Holdings LLC	
30bjec1	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Raul Segredo	
	Name of Person	
	Archeion Holdings LLC	
	Firm/Company	
	9941 West Jessamine Street	
	Address	
	Miami, FL 33157	
	City/State and Zip Code	
	ssegredo@avionica.com	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please call:	
Raul Segredo	786 544-1149	
Name		Telephone Number
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	■ \$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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	and assigned	
Florida document number L07000103109		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9941 West Jessamine Street	
(Principal office address MUST BE A STREET ADDRESS	Miami, FL 33157	المالية المثلثات الم المثلثات المثلثات ا
		25
Enter new mailing address if applicables	9941 West Jessamine Street	5 1 2 3 3 3 3 3 3 3 3 3 3
Enter new mailing address, if applicable:	Miami, FL 33157	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: Raul Segret	here:	nter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.	Iossamina Street	
Name of New Registered Agent.	Jessamine Street Enter Florida street address	
Name of New Negistered Agent.	Enter Florida street address	da ³³¹⁵⁷

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

company has been notified in writing of this change.

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

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
AMBR	Stylian Cocalides	13611 S. Dixie Highway	
			■ Remove
		Miami, FL 33176	Change
AMBR	Simone Segredo	9941 West Jessamine Street	Add
		Miami, FL 33157	□ Remove
			Change
			
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
			
			CO ↓
			Change

				
			<u> </u>	
			<u> </u>	
•				
				<u></u>
	<u> </u>	<u> </u>		
· · · · · · · · · · · · · · · · · · ·				<u></u>
		<u>. </u>		
				
				
				
ffective date, if other than t an effective date is listed, the date r	he date of filing:	prior to date of filing or	(optional more than 90 days after filing) 3.) Pursuant to 605.01
lote: If the date inserted in this ocument's effective date on the	block does not meet the a	pplicable statutory fil	ing requirements, this date	e will not be listed
e record specifies a delay The 90th day after the r		it not an effective	time, at 12:01 a.m.	on the earlier
January 6	2017			
aica		<u></u>		17
	Signature of a member of	r authorized representati	ve of a member	
	Rala	Segredo		

Page 3 of 3

Filing Fee: \$25.00