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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

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16 OCT 31 PN 4: 14

SECRETARY OF STATE
ANN AHASSEE, FLORIDA

D. SCOTT NOV 1 2016



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2016

RAUL SEGREDO 9941 WEST JESSAMINE STREET MIAMI, FL 33157

SUBJECT: AETHER LLC Ref. Number: L09000075890 MECEIVED MINOCT 31 PN 3:09 SECRETARY OF STATE SECRETARY OF STATE

We have received your document for AETHER LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 516A00022573

FILED

16 OCT 31 PH & IL

SECRETARY OF STATE

# **COVER LETTER**

Division	of Corporations	
Aeth	ner LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Raul Segredo	
	Name of Person	
	Aether LLC	
	Firm/Company	
	9941 West Jessamine Street	
	Address	
	Miami, FL 33157	٠. هست السا
	City/State and Zip Code ssegredo@avionica.com	SECRE SECRE
	E-mail address: (to be used for future annual report notification)	器 二
For further inform	ation concerning this matter, please call:	SEE ON THE
Raul Segredo	786 544-1149 at ( )	FILEU BTARY OF STATE
	Name of Person Area Code Daytime Telephone Number	NO.
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	e of Status &

TO:

**Registration Section** 

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

# ARTICÉES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aether LLC			
(Name of the Lin	nited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on October 9, 2009	and assigned
This amendment is submitted to amend the fo	llowing:		
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 "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	9941 West Jessamine Street	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33157	
Enter new mailing address, if applicable:		9941 West Jessamine Street	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33157	
B. If amending the registered agent and registered agent and/or the new registered			FILI CI 31 FIARY HASSI
Name of New Registered Agent:	Raul Segredo	<u>-</u>	<u> </u>
New Registered Office Address:	9941 West Jess		STA #
		Enter Florida street address	DA 15
	Miami	, Florida	33157 Zip Code
		CHY	гір Соае

## 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

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
AMBR	Rhea Ventures, LLC	13611 S. Dixie Highway	
		Suite 109-486	■ Remove
		Miami, FL 33176	Change
AMBR	Raul Segredo	9941 West Jessamine Street	■ Add
		Miami, FL 33157	□ Remove
		<del></del>	Change
			Add
			□ Remove
		<u> </u>	Change
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on effective date is listed, the date of the listed in this of the date inserted in this	s block does not meet the appli	or to date of filing or more than cable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
cument's effective date on the	e Department of State's record	s.	
record specifies a delay The 90th day after the r		ot an effective time, a	t 12:01 a.m. on the earlier c
October 13	2016		TSE SE
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	Signature of a member or auti	norized representative of a mer	nber S 3
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Page 3 of 3

Filing Fee: \$25.00