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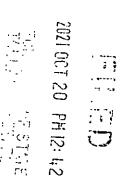
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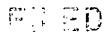
TO:

Registration Section

Division of C	orporations			
AIRN LI	.C			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	DANIEL BENSIMON			
		Name of Person		
	DOROT & BENSIMON I	^ን L		
		Firm/Company		
	20295 NE 29TH PL. SUF	ΓΕ 201, AVENTURA, FLORIDA	33180	
		Address	 	
	AVENTURA, FL 33180			
		City/State and Zip Code		
	CORPORATE@DORBEN			
	E-mail address: (to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:		
DANIEL BENSIMON	, ESQ.	561 218-4947		
Name	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u>		Street Address:		
Registration		Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AIRN LLC

2021 OCT 20 PH 12: 42

	<u>any as it now appears on (</u> Liability Company)		im state
			18 STATE - FE, 191
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{MAY 3}{2}$. 2012	and assigned
Florida document number 1.12000060091			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited hal	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	ntion "LLC" or the ab	previation "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 recore	ls, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Florida su	eet address	
	Enter Florida str	eet address , Florida	
	Enter Florida str City		Zip Code
	City		Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ROBERT NIZNIK	9198 NW 8th Ave	□Add
		Miami, FL 33150	■Remove
		9198 NW 8th Ave	Change
MGR	ALEXANDER NIZNIK	Miami, FL 33150	Add
			_
			□Remove
			☐Change
			□Add
			□ Remove
			☐Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change

(I <i>t</i> an el <u>Note:</u>	tive date, if other than the date of filing:
If the reco record is t	rd 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 iled.
Dated	October 14 2021
	Signature of a member or authorized representative of a member
	DANEDTAWAWA
	ROBERT NIZNIK

Filing Fee: \$25.00