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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	Aviatio	n, 11c					
(Name of the Limited (A	Liability Compan Florida Limited Li	iy <u>as it now a</u> lability Comp	i ppears on o iany)	ur records.)			
The Articles of Organization for this Limited Liab Florida document number		vere filed (on <u>£</u>)3/14/Zv	<u>13</u> and as	ssigned	
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liabil		ny here:				
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company,'	the designa	tion "LLC" or the	: abbreviation "l	L.L.C."	
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET			N/A	····			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>		NI	4	TALLA	2020 SEP	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office ac <u>here</u> :	idress on e	our record	s, enter the na	ime of the no	New regi	stered
Name of New Registered Agent:	EDith	RNe	ra	sk. #	;;;;	12	
New Registered Office Address:	15757				258		
	Pembiok		r Florida stra IES		<u>330</u> Zip Code	27	

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.

f Changing Registered Amer. 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
MGR	Goldsteln MARK B	2700 N. Military trail,	🗀 Add
		Suite 130. Buea Raton, FL	Kemove
		3343.1	[] Change
MGR	LEUNEL LEON	5901 NW 24 th WAY	🗀 Adđ
		Fort Lauderdale, FL 33309	Remove
			□Change
MGR	Martinez, +gnacio	2700 No Military trail,	
		Ste. 130. BOLA RATON FL	ZKR∰ove ⊒C S
		33431	☐ Change
			CIRemove
			[]Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Changa

	ding any other information, enter change(s) here: (Attach additional sheets, if no ${\cal N}$ /A	
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		<u>.</u>
		2020 3 1.2
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		The second secon
		12 70
Note: If	e date, if other than the date of filing: 09/10/2020 (op ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	otional) fter filing.) Pursuant to 605.0207 his date will not be listed as
e record s rd is filed	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
Dated	Signature of a member of authorized representative of a member	
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