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2019 JAN 31 PM 5: 41

C. GOLDEN FEB - 7 2019

COVER LETTER

TO: Registratio Division of	n Section Corporations	es s	
SUBJECT:	AIR TITAM	V 5 L L C ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corn	espondence concerning this matter	to the following:	
	Coustavo 200 Beach Saint P	Address R Tersburg F City/State and Zip Codd	1. 33701
For further informati	E-mail address: () on concerning this matter, please ca	to be used for future annual report notif	ication)
Coustavo	Romero me of Person	at (727) 687	8535 Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25,00 Filing Fc	e S\$\\$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

FILED

AIR TITAN		2019 JAN 31 PM 5: 41
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on ou ida Limited Liability Company)	197FF9U922FE*4.F
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{6}{20}$	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "1.	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Cinv	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	•	isk issue

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:

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
M6R	Gustavo Romero	300 Beach Drive NE	[5]KAdd
		Appt 211. Saint Per	 Remove
		Florida, 33701	Change
MGR	@ Ilias Antoni	ou 804 bulf Rd, Tarpe) ← ⊠ Add
		Springs, F134689	
			Change
			□ Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
		 	Remove

_ Change

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u></u>	
	;
_	
_	
(If an effe <u>Note:</u> I	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	1/29/2019
	Evaluation of a member of authorized representative of a member EVANGELIA ANTONIOU Typed or printed name of signee
	EVANGELIA ANTONIOU Typed or printed name of signee

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Filing Fee: \$25.00