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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

OUD ICCT		ON SUPPLY LLC				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter					
		PAULA GUTIERREZ				
Name of Person						
		Firm/Company				
	1142	0 INTERCHANGE CIRCLE N				
		Address				
		MIRAMAR, FL 33025				
		City/State and Zip Code PG@AVIAZONE.ONLINE				
		to be used for future annual report no	tification)			
For further information of	concerning this matter, please c	all:				
SILVIO AMICO		305 596-4	4774			
Name o	r Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$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		Street Address: Registration So	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PG AVIATION SU	IPPLY LLC	2	: 20 Fill: 26
(Name of the Limite			on our records.)	
The Articles of Organization for this Limited Lia Elorida document number	wing:		06/16/2014	and assigned
	ONLINE LLC	ty company nei	<u>e</u> .	
The new name must be distinguishable and contain the we		Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica			RCHANGE CIRCLE	
Principal office address MUST BE A STREET ADDRESS)		MIRAMAR FL 33025		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/or regent and/or the new registered office address	gistered office ad	dress on our re	cords, <u>enter the na</u> r	ne of the new register
Name of New Registered Agent:	PAULA GU	JTIERREZ		
New Registered Office Address:	11420 INTI	ERCHANGE CIF	CLE N da street address	
	MIRAMAR	,		33025

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.

City

If Changing Registered Agend 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
MGR	GUILLERMO GALVAN	11420 INTERCHANGE CIRCLE N	\equiv Add
		MIRAMAR FL 33025	□Remove
			□Change
			🗆 Add
		 	□ Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□ Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			∏Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 07/27/2020 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. 2020 Signature of a member or authorized representative of a member PAULA GUTIERREZ Typed or printed name of signee

Filing Fee: \$25.00