(((H23000006958 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : TAX CARE INC Account Number : I20210000193 Phone : (407)774-0861 Fax Number : (407)774-5838

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AARCO AIR, LLC

Certificate of Status	0
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1077745838 TAX CARE INC (CH23000006958 3)))

COVER LETTER

		istration Sec ision of Corp				
		AARCO Air.				
SUBJEC	CT:		Name of Limi	ted Liability Company		
			16.72	wired for filling		
			mendment and fee(s) are subr			
Please re	eturn	all correspon	dence concerning this matter t	to the following.		
			Gilbert Cerda			
			·-	Name of Person		
			AARCO Air, LLC.			
				Firm/Company		
			6331 Ridgeberry Dr.			
				Address		· . : -
			Orlando, FL 32819			
				City/State and Zip Code		· 1 :
			E-mail address: (to be used for future annual report	notification)	73 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -
For furth	her ii	nformation co	encerning this matter, please co	all:		
Gilbert	Cerd	la		407 202-6379 at ()		
Name of Person			Person	Area Code Da	vtime Telephone Number	
Englose	ed (c.)	a check for th	e following amount:			
		Filing Fce	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc	
		illing Addres		Street Address Registration	Section	
	Di		orporations		Corporations of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallabassee, FL 32314

((LH23000006958 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AARCO Air, LLC.					
(Name of the Lin	ited Liability Compa (A Florida Limited I	any as it now appears on our r Liability Company)	ecords.)		
he Articles of Organization for this Limited	Liability Company	were filed on 09/10/2014	. <u></u>	and assig	ned
lorida document number L14000141974	 -				
his amendment is submitted to amend the fo	llowing:				
. If amending name, enter the new name	of the limited liab	ility company here:			
ne new name must be distinguishable and contain the	d. 164 i.u.td ¥ 7.4.7	L. C	"I I I" on the abb	raviotas "I I I	~ "
_		6331 Ridgeberry Dr.	CEC or me abo	teamin PrPV	
nter new principal offices address, if appl		Orlando, FL 32819			2112
Principal office address MUST BE A STRE	ET ADDRESS)	O. (2017)		• • •)123 JAN
					1
		6331 Ridgeberry Dr.		i gazi en rina en rina	φ,
Enter new mailing address, if applicable:		Orlando, FL 32819		<u> </u>	<u></u>
Mailing address MAY BE A POST OFFICE	<u>EBOX)</u>	Onanco, 1 € 52619		9 Pm	-
					-51
If amending the registered agent and/or tent and/or the new registered office addr		address on our records, e	nter the name	of the new t	egiste
Name of New Registered Agent:					
	6331 Ridgeberr	ry Dr.			
Name of New Registered Agent: New Registered Office Address:	6331 Ridgeberr	ry Dr. Enter Florida sweet a	ddress		
	6331 Ridgeberr	Enter Florida su eet a	ddress _, Florida ³²⁸	19	

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. In feby confirm that the limited liability company has been notified in writing of this change.

If Chapging Registered Agent, Signature of New Registered Agent

((LHZ30000006458 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Gilber: Cerda	6331 Ridgeberry Dr.	
		Orlando, FL 32819	□Remove
			∰ Change
			□Remove
			□ Change
			□ Remove I □ Change
			□ Change □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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			□Remove
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5836 TAX CARE INC ([[H23000006458 5]])

				
				
				
				
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				, * :
				
				
			<u>.</u>	
fective date, if other than the d	ate of filing:		(optional)	
n effective date is listed, the date must be te: If the date inserted in this bloc	e specific and cannot be pri	or to date of filing or m	ore than 90 days after filing.) g requirements, this date t	Pursuant to 605.020 Will not be listed 8
cument's effective date on the Dep	artment of State's record	is.	Q **** 1 ****	
ecord specifies a delayed effective (late, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The	s 90th day after th
is filed.				
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