## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number . (shown below) on the top and bottom of all pages of the document.

(((H20000398523 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: R&P ACCOUNTING AND TAXES INC

Account Number : 120170000090

Phone

: (305)358-1310

Fax Number

: (305)503-6701

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVANTGARDE AEROSPACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 7478

AVANTO	GARDE AEROSPA	CE LLC		•
(Name of the Limited)	Liability Company as Florida Limited Liabil	It now appears on ou ity Company)	ur records.)	
The Articles of Organization for this Limited Liabi Florida document number L15000062175	ility Company wen	e filed on 04/08/201	15	and assigned
This amendment is submitted to amend the following	ing;			
A. If amending name, enter the new name of th	e limited liability	company here:		
The new name must be distinguishable and contain the word	h "Limited Liability C	ompany," the designat	ion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	le:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET	ADDRESS)		·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	220			·
	· . <u>-</u>			
B. If amending the registered agent and/or registered affice address have registered office address have been supported as a support and the new registered office address have been supported as a support of the new registered agent and/or the new registered agent agent and agent ag		ess on our record	s, enter the name	of the new registered
			•	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u></u>	<del></del>	<u> </u>
New Registered Office Address:	•	Enter Florida stre	set address	
		•	. Florida	
•	`	City	<del></del> ,	-Zip Code

#### 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.

Ta: 18506176383

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

Title	•	<u>Name</u>	٠.	Address	Type of Action
MGR		CLAUDIA ZAPATA		2020 N BAYSHORE DRIVE APT 901	DAdd
	•		•	MIAMI, FL 33137	≅Remove
					Change
			÷		CAdd
	· .		٠.		
					Remove
<del></del>					U Aug
•	-				Change
. •					□Add
					Remove
					Change
					□ Add
					CRemove
·					Change
			٠,		☐Add
·• <u>.</u>					CRemove

							<del> </del>
					·	<del>,</del>	
•	•					,	
		·					
		,	***************************************				
			<del></del>			<del></del>	
		· · · · · · · · · · · · · · · · · · ·			<u></u>		<del></del>
	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del></del>	<del></del>	<del></del>
			· .		· · · · ·		· 
•		•			٠.		
		. <u></u>		<del></del>			
					كالمراجعة والمالية والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة و		<del></del> -
		**		<u></u> ,			<del> </del>
			٠.				·
		•	•		-		
		<u></u> .					
fective date, if other	er than the date of	filing:			· (0	ptional)	
n effective date is listed ote: If the date insert	the date must be speci	ific and cannot be or	ior to date of fili	ng or more	than 90 days a	ifter filing.) Pu	rsuant to 605. I not be liste
cument's effective de	ate on the Departmen	nt of State's recor	ls.	, ,			
,		• •	,	1	•		
ecord specifies a dela is filed.	iyed effective date, b	ut not an effective	time, at 12:0	l a.m. on	the earlier of	(b) The 90	Ith day after
• .		•	•		,		
ted		2020	<del></del> .		: •	٠,	
	•	Duroha	₽ .				•
		T	thorized repress				