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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone

: (305)358-1310

Fax Number

.: (305)503-6701

\*\*Enter 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
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Page Count	04
Estimated Charge	\$25.00

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13055036701

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

AVANTGARDE AEROSPA		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with the Florida document number <u>L15000062175</u>	vere filed on <u>04/08/2015</u>	and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	·
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	•	202
	•	22 <b>HA</b>
Name of New Registered Agent:		<del></del>
New Registered Office Address:	•	
He registered office Addition.	Enter Florida street address	PH (
	, Florida _	Zip Code
		- 3

#### 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.

13055036701

To: -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:

MGR =	Manager	
AMBR =	Authorized	Member

Page; 4 of 5

	utnorized iviember			.,
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	DIEGO RENGIFO	٠.	1410 SW 43RD STREET	□ Add
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