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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: AIR	EX MIAMI Name of Limite	LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	SERGIO H	Name of Person	<u> </u>
		Firm/Company	
	1747 Rod (MAN STREET #	404
	Holly wood	P2 33020 City/State and Zip Code	·····
	GUERSCHE E-mail address: (to		ion)
For further information co	ncerning this matter, please call	ł:	
SERGIO 61 Name of		at (954) 8 42 Area Code Daytime Te	lephone Number
Enclosed is a check for the	e following amount:		
□ S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee,

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

AIREX LCC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 1500093028	\			
,)			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1747 RODMAN ST # YOY			
(Principal office address MUST BE A STREET ADDRESS)	Holly wood Ft 33020			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the nev			
	io H. GUERSCHEL			
New Registered Office Address: 1777 R	Enter Florida street address			
Holyu	VOOd , Florida 33020 Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
haveby assent the appointment as reciptored assent and assent	to get in this equality. I firstly a gove to comply with the			

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 offic 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

Page 1 of 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:

MGR = Manager

AMBR = Authorized Member

Title **Type of Action Address** Name SERGIO GUERCHEL 1747 RODMON ST #404 HOLLY WOOD OF TO 33020 ☐ Remove ☐ Change DOUGLAS ALMMRA 19993 NESCT MIAMI FL 33179 ☐ Add ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove Change □ Add Remove \mathbb{G}_{3} ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00