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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Argo Crates of America, LLC Name of Limited Liability Company	-
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mariso) Sabido Name of Person	_
Firm/Company	_
10461 NW 26th St.	_
Doral, FL 33172 City/State and Zip Code	_ <u>- </u>
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Juan Podniquez at (786) 368-4297 Name of Person Area Code Daytime Telephone Numb	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Argo Crates O (Name of the Limited Lial (A Flor	F America, LLC bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Aug. 18, 20	15 and assigned
Florida document number <u>L1500014105</u>	V	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	- <u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
D. To		Gie al
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>en</u> <u>ddress here</u> :	ter the name of the new
Name of New Registered Agent:		
		727 3 17
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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.

If Changing Registered Agent, 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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Athera Aero Services LLC	, 10461 NW 26 St.	
		Doral, FL 33172	Remove
			☐ Change
AMBR	Marisol Sabido	10461 NW 26th St.	X/Add
		Doral, FL 33172	Remove
			☐ Change
	· .		🗖 Add
			Remove
			Change
			🗖 Add
		<u>.</u>	Remove
			□[Change
			i d'Àdd [i]
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	es a delayed effec	ctive date, bu	t not an effe	ctive time, a	t 12:01 a.m.	on the ea	rlier o
record specific	fter the record is	filed.					ට ට
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Page 3 of 3

Filing Fee: \$25.00