115000202171

(R	equestor's Name)	···.
(A	ddress)	
(A)	ddress)	
(C	ity/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



400355248554

11/16/20--01030--013 **30.00

brunc

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

AEROTEC SUBJECT:	H OPS, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Samael Albornoz		
		Name of Person	
	AEROTECH OPS, LLC		
		Firm/Company	
	7911 NW 54th ST		
		Address	
	Doral, FL 33166		
		City/State and Zip Code	
	Sam@atops.acro	to be used for future annual report notif	Cardian V
For further information c	oncerning this matter, please co		incation)
Samael Albornoz		305 793-9471	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEROTECH OPS, LLC		2
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records orida Limited Liability Company)	_)
The Articles of Organization for this Limited Liability Florida document number L15000202171		and assigned .
his amendment is submitted to amend the following	;;	•
a. If amending name, enter the new name of the l	limited liability company here:	
he new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET AD</u>	DDRESS)	
Inter new mailing address, if applicable:	•	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
	-	
3. If amending the registered agent and/or registe gent and/or the new registered office address her		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
_	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

'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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Arauca Investment Group Inc	7911 NW 54 ST	
		Doral, FL 33166	≣Remove
			□Change
			□Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			□ Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change

		
		
		
		
		
ective date, i	if other than the date of filing: (optional)	
effective date in terms of the date in the date	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure inserted in this block does not meet the applicable statutory filing requirements, this date will entire date on the Department of State's records.	rsuant to 605.0207 I not be listed as
ecord specifies is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	Oth day after the
09/Novem	nber/2020	

Typed or printed name of signce