## L17000008250

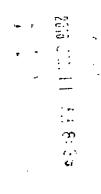
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Su	siness Entity Name	<del>?</del> )
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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JAN 12 2019 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 992624 AUTHORIZATION / COST LIMIT ORDER DATE : January 3, 2018 ORDER TIME : 12:10 PM ORDER NO. : 992624-155 CUSTOMER NO: 7732494 DOMESTIC AMENDMENT FILING NAME: AREAS AERO MSP JV, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT \_\_\_\_ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT#

## **COVER LETTER**

го:	Registration Sec Division of Corp			
		RO MSP JV, LLC		
SUBJEC	ΰΙ; <u></u>	Name of Limited Liability Company		
		Amendment and fee(s) are subnutered		
		Kaitlyn Deptula		
			Name of Person	
		CORPORATION SERVIC	E COMPANY	
			Firm/Company	
		251 LITTLE FALLS DRIV	Æ	
			Address	
		WILMINGTON DE 19808		
			City/State and Zip Code	<del></del>
		annualreports@eseglobal.co		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	ill:	
Kaitlyn	i Deptula		800 927-9801	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	5.00 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)
	MAII.	ING ADDRESS:	STREET/COURI	ER ADDRESS:

TO:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Colorida document number L17000028250	Company were filed on 02/06/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
		, , <u></u>
Enter new principal offices address, if applicable:		······································
(Principal office address MUST BE A STREET ADD	RESS)	· <del></del>
Principal Office address brost BEASTREET ADD	<del>.</del>	~**
Enter new mailing address, if applicable:		£7)
•	<del></del> _	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records dress here:	s, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is .
	, Fl	oridaZip Code
	City	Zip Code

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

AREAS AERO MSP IV LLC.

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KIRK WEISS	5301 BLUE LAGOON DR. #690 1	Add
			■ Remove
			Change
MGR	Jose Alberto Serratos	5301 Blue Lagoon Dr., Stc. 690 M	■ Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			☐ Remove
			Change
			Remove
			[Ghange
			□ Remove
			☐ Change
<u>.</u>			Add
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional)	u sneets, y necessary.)
· · · · · · · · · · · · · · · · · · ·	
•	
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.0207 (, requirements, this date will not be listed as th
the record specifies a delayed effective date, but not an effective tire). The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of:
	2 6 63
Dated	
	· · · · · · · · · · · · · · · · · · ·
/S/ Jose Alberto Serratos	
Signature of a member or authorized representative of	f a member
	1.
Jose Alberto Serratos	ന

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00