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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AILA LC
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:
Liliana Rodniguez.
Aila LLC.
Firm/Company
21029 SW 125 C+ Kd
Miami Fl 33177  City/State and Zip Code
E-mail address: (to be used for future annual report medicagion)
For further information concerning this matter, please call:
Liliana Lodriquez a 954 842-1851
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  Solution   \$25.00 Filing Fee & Solution   \$55.00 Filing Fee & Solution   \$60.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Solution   \$60.00 Filing Fee & Solut
(additional copy is enclosed)  Certificate of Status (additional copy is enclosed)  Certificate of Status & Certificate of Sta

#### 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

## TO ARTICLES OF ORGANIZATION OF

Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

Page 1 of 3

MGR = Mai AMBR = Aut	nager horized Member		1
Title	<u>Name</u>	Address	Type of Action
MGR	Abel Rodnguez	21029 SW 125 C+ Rd Wiami Fi 33177	<b>X</b> Add
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or removed from our records:

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(If an effective date is I Note: If the date in	other than the date of fill listed, the date must be specific a nserted in this block does no we date on the Department of	and cannot be prior to it meet the applical	date of filing or more the date of filing or more the date of filing required the statutory filing required to the date of filing or more than the date of fil	(option) an 90 days after fill uirements, this da	ing.) Pursuant to	605.0207 (3)(b) listed as the
If the record specif (b) The 90th day	fies a delayed effective after the record is file	e date, but not d.	an effective time	, at 12:01 a.n	n. on the ea	arlier of:
Dated_ OCAO	iser Me, _	2017	- - ·			
	Signature of	a member or author	ized representative of a	member	ja j	-
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Filing Fee: \$25.00