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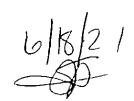
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COVER LETTER

	Registration Se Division of Cor			÷ 5
CUD IFC'		RTS DEPOT LLC		
SUBJEC	r:	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Monica Uscategui		
			Name of Person	
		Greenlight Financial LLC		
			Firm/Company	
		7480 Bird Road #810		
			Address	
		Miami, FL 33155		
			City/State and Zip Code	
		muscategui@greenlightfina		
		E-mail address: (to be used for future annual report notif	fication)
For furthe	r information c	oncerning this matter, please c	all:	
Monica U	Iscategui		305 860-5970	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.00	0 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)
F	Hailing Addres Registration S	Section	Street Address: Registration Sec	
	Division of C P.O. Box 632		Division of Cor The Centre of T	•
	allahassee, F			ananassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AERO PARTS DEPOT LLC			
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document numberL18000057899	ability Company	were filed on 03/05/2018	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liabi	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LI,C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a s here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	GREENLIGHT	FINANCIAL LLC	
New Registered Office Address:			
		Enter Florida street address	
		. Floric	ia

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
REG	GERRY MUJICA	7480 BIRD ROAD SUITE 810	
		MIAMI, FL 33155	■Remove
			☐Change
AMBR MICHAEL SHELDON	MICHAEL SHELDON	7480 BIRD ROAD SUITE 810	■Add
	MIAMI, FL 33155	□Remove	
		□Change	
		□Remove	
	 	Change	
			□Add
			Remove
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		Remove ↑	
			Change
	 	☐ Chánge ☐ Add	
			□ Remove
			□ Change

			
			
			
			
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ote: If the date inserted in this blo-	be specific and cannot be prior to date o	of filing or more than 90 days after filing tutory filing requirements, this date	.) Pursuant to 605.0207 (
record specifies a delayed effective is filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) Th	ne 90th day after the
April 30th	2021		3
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	255		
	Signature of a member or authorized rep	presentative of a member	

Filing Fee: \$25.00