4/14/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I20140000089 : (754)301-2128 Phone Fax Number : (954)252-4650

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@GFSTAXACCT.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OM AIR & ELECTRICAL LLC

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#### **COVER LETTER**

TO:	Registration Sec Division of Corp			
our tr		ELECTRICAL LLC		
SUBJE	ст:	Name of Limit	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	return all correspon	ndence concerning this matter t	o the following:	
		GILVAM F DOS SANTOS		
			Name of Person	<del></del> -
		GFS TAX & ACCOUNTIN	G SERVICES	
			Firm/Company	
2001 W CYPRESS CREEK RD STE 102 B				
			Address	
		FT LAUDERDALE FL 33	309	
			City/State and Zip Code	
		INFO@GFSTAXACCT.CC	OM to be used for future annual report notif	(ication)
For fur	ther information c	oncerning this matter, please or		
GILVAM F DOS SANTOS		954 9573244 at (		
	Name o	f Person	Area Code Daytim	e Telephon <del>e</del> Number
Enclos	ed is a check for the	he following amount:		
<b>□ \$</b> 2	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)
	Mailing Addres		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OM AIR & ELECTRICAL LLC				
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L Florida document number L18000130504	iability Company were filed on 05.	/24/2018 a	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbrevia	tion "L. S.C."	<del></del>
Enter new principal offices address, if applic	able:		A R	
(Principal office address MUST BE A STREET ADDRESS)			<del>-</del>	<del></del>
			ħi	7 . ,
Enter new mailing address, if applicable:			<u>က်</u> ထဲ	
(Mailing address MAY BE A POST OFFICE BOX)			5	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our i ess here:	records, <u>enter the name of (</u>	the new regis	<u>stered</u>
Name of New Registered Agent:	GFS TAX & ACCOUNTING SE	ERVICES		_ <del></del>
New Registered Office Address:	2001 W CYPRESS CREEK RD			_
<del>.</del> -	Enter Flo	orida street address Florida 33309		
	City	, FioridaZ	ip 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

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# 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
MGR	CORREA, ALEX	2050 N ANDREWS AVE #101	□Add
		POMPANO BCH FL 33069	≘Remove
			Change
AR	PONS, EDGAR	6139 NW 41ST DR	
		CORAL SPRINGS FL 33067	≣Rémove 22
			20 APR
AR	MICHAEL THOMAS EVANS	2050 N ANDREWS AVE #101	⊒ BAdd A
		POMPANO BCH FL 33069	CD — □Remove <sub>1</sub>
			Change
AMBR	ALEXANDRE CABRAL	2050 N ANDREWS AVE # 101	□Add
		POMPANO BCH FL 33069	□Remove
			EChange
MGR	CORREA, JOISSE CORDEIRO	2050 N ANDREWS AVE # 101	
		POMPANO BCH FL 33069	©Remove
MGR	OMAIR CORDEIRO	2050 N ANDREWS AVE # 101	□Add
_		POMPANO BCH FL 33069	□Remove
			Change

n/a			
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) P irements, this date wi	ursuant to 60: ill not be list	5.020 ted a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.	earlier of: (b) The S	∂0th day afte	er the
APRIL 08 2020			
Signature of a member or authorized representative of a m	ember		