Division of Corporations Electronic Filing Cover Sheet

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(((H19000294732 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: TORRES & VADILLO, LLP Account Name

Account Number : 120156066838 Phone

(305)485-9700 (305)436-0191 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFE AIRPORT WEST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25,00

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Corporate Filing Menu

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2019-10-03 16 25 54 (GMT)...

13055036875 From Daniel Gabuard

H90@294573122: B

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHAGGEE, FL

AFE AIRPORT WEST, LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number 1.19000055042	bility Company were filed onand assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the woo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Entar Florida street address
	. Florida
	, Florida

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 ugree 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.

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2019-10-03 16 25 54 (GMT)

13055036875 From: Daniel Gabuardi

#19000294732 3

If amending Authorized Person(s) authorized to manage, enter the fittle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ARRIAGA, JULIO C	3487 DERBY LANE	
		WESTON, FI. 33331	
		4.5	■ Change
MGRM	FREEMAN, PAUL H	2 SOUTH UNIVERSITY DRIVE	
		SUITE 325	□ Remove
		PLANTATION, FL 33324	🗎 Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			[] Add
			С Ветюче
			☐ Change

H19000Z 7473Z 3

f amending any other information	on, enter change(s) here: (Attach additional sheets, if i	necessary.)
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ffective date, if other than the d un offective due is listed, the date must be thate: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be prior to date of filing or more than 90 days it does not meet the applicable statutory filing requirements,	optional) after filing.) Purstant to 605,0207 (3)(b , this date will not be listed as the
e record specifies a delayed of The 90th day after the recor	effective date, but not an effective time, at 12:0 d is filed.	01 a.m. on the earlier of:
October 1st	2010	
,	gnitude nioniber or authorized representative of a member	
Julie C Arringa	Mm.,	
	Typed or printed name of signee	

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Filing Fee: \$25.00