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(Req	uestor's Name)
nbbA)	ress)	
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PICK-UP	☐ WAIT	MAIL
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(Doct	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	





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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

Alfodse

DATE: 8/11/21

NAME: WINTER BREEZE AIR LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION **OF**

WINTER BREEZE AIR LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

		MIAMI BEACH, F	-L 33139	
Enter new mailing address, if applicable:	•	1688 MERIDIAN	AVE	
(Mailing address MAY BE A POST OFFICE	E BOX)	STE 420	<u></u>	· :
		MIAMI BEACH, F	FL 33139	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here:	address on our reco	ords, <u>enter the name o</u>	the new registered
agent and/or the new registered office addr	ess here:		ords, <u>enter the name o</u>	The new registered
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office : ess here: FREDERIC BA		ords, <u>enter the name o</u>	The new registered
agent and/or the new registered office addr	ess here: FREDERIC BA		ords, <u>enter the name o</u>	The new registered
Name of New Registered Agent:	ess here: FREDERIC BA	ARTHE PA VE, 2ND FLOOR	street address	The new registered
Name of New Registered Agent:	ess here: FREDERIC BA	ARTHE PA VE, 2ND FLOOR Enter Florida		The new registered

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>	<u>Address</u>	Type of Action
MGR	JULIEN BOURNIVAL	1688 MERIDIAN AVE. STE 420	≅ Add
		MIAMI BEACH, FL 33139	
			□ Change
MGR	ZEAV SHABADO	2520 N POWERLINE RD. STE 305	
		POMPANO BEACH FL 33069	■ Remove
			□Change
MGR	YOSEFCHAIM SHABADO	2520 N POWERLINE RD. STE 305	□Add
		POMPANO BEACH FL 33069	≅Remove
			□Change
			□Add
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			□Remove
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			□ Change

lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed.		ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Signature of a member or authorized representative of a member		
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EDEDEBIC M. BARTUE ESO		Signature of a member or authorized representative of a member
		EREDERIC M. DARTHE ECO.

Filing Fee: \$25.00