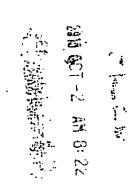


(Requestor's Name)	
(Address)	·
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(City/State/Zip/Phone #)	
, ,	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
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Special Instructions to Filing Officer:	





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TO:	Registration Sec Division of Corp			
cupt		OBAL, LLC	,	
SUBJ	ECI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	The state of the s
		Frank J. Rivas		
			Name of Person	
		Avion Global, LLC		
			Firm/Company	
				
		frivas@AvionGlobalGroup	City/State and Zip Code .com	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please c	all:	
Frank	J. Rivas		585 451-5450 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Englo	and is a shock for th	e following amount:		
		_	December 5	F 640 00 Piling For
W \$2	25.00 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 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

ARTICLES OF ORGANIZATION **OF**

ART	ICLES OF O	RGANIZATION	E
	O	F	A. A.
AVION GLOBAL, LLC			
(Name of the Limit	led Liability Compar (A Florida Limited L	ny as it now appears on our re liability Company)	scords.)
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on July 24, 2019	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	n/a	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	n/a	
B. If amending the registered agent and registered agent and/or the new registered or			eords, enter the name of the new
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street a	uddress
			_, Florida
		City	Zip 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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 4305 Vic Culberson	Type of Action
AMBR	Michael S. Farb	Silver City, NM 88022	■ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Remove
		 	☐ Change
			☐ Remove
			□ Change
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ffecti	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
f an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locume	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
	21/6
ated	24 Sep 2019
	a mai
	I m A I
	Signature of a member or authorized representative of a member
	Frank J. Rivas (Member)
	Typed or printed name of signee
	r ypea or printed name or signee

Page 3 of 3

Filing Fee: \$25.00