L19000212604

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2019 OCT 15 AH 8: 51

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AIR ENRIGUEZ LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Francisco Enriquez Name of Person	
AIR FARIQUEZ LLC Firm/Company	
2350 W 12 AUE APT A7 Address	
HIALEAH FL 33010. City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Trancisco Enriquez. at (305) 879-7225 Name of Person Area Code Daytime Telephone Number	
Name of reison / Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATK FYKIN		LLC				
(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it nov ted Liability Co	w appears on ome mpany)	our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 19000212604</u>	any were filed	d on <u>08</u>	<u> 201</u>	2019	_ and as	ssigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li	iability comp	any here:				
				_		
The new name must be distinguishable and contain the words "Limited Li	iability Compan	y," the designa	ntion "LLC"	or the abbre	viation "l.	L.C."
Enter new principal offices address, if applicable:		<u>-</u>	_			<u> </u>
<u>Principal office address MUST BE A STREET ADDRESS)</u>	·				_	
Enter new mailing address, if applicable:	_				2019.00	• • • •
Mailing address MAY BE A POST OFFICE BOX)						
				:	<u> </u>	
If amonding the resistand and add a distance to				•	ထဲ	,
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 	i office aggr <u>iere</u> :	ess on our	records,	enter the	name	of the i
Name of New Registered Agent:					<u>-</u>	
New Registered Office Address:				_	<u></u>	
	Ei	nter Florida str	eet address			
			Flor	ida		

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>	Address	Type of Action
M62	Frank Enriquez.	2350 W 12th Ave Att A7	🗆 Add
		Haleah , FL 33010	Remove
			Change
MBR	Francisco Enriquez	· · · · · · · · · · · · · · · · · · ·	🗹 Add
		Huleah, FL 33010	Remove
			D Change
			🗆 Add
			_□ Remove
			Change
			_□ Add
			_ Remove
			_D Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change

D. If an	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ve date, if other than the date of filing:
If the re (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/08/2019.
	Signature of a member or authorized representative of a member
	Alvaro M Costillo.

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Typed or printed name of signee

Filing Fee: \$25.00