1 19000301609

(Req	uestor's Name)	
(Add	ress)	
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COVER LETTER

TO:	Registration Se Division of Cor			
	** a.	" AVIA	GLOBAL LLC	
SUBJE	ECT:	À		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			HARRY SATOR	
			Name of Person	
			Firm/Company	
			PO BOX 17631	
			Address	
		l:	PLANTATION, FL 33318	
			City/State and Zip Code	
			cocarmona.ca@gmail.com to be used for future annual report no	nification)
For fur	ther information co	oncerning this matter, please c		
	HARRY		954 801-2560	
			at (
	Name of	l Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$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		Street Address:	action
	Registration S Division of C		Registration S Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIA GLOBAL LI	.C		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears (iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document numberL19000301609	were filed on	12/11/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	<u>:</u>	
AVIA GLOBAL AIR LI.	C		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7591 NW 3RD	CT	
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION	K, FL 33317	
Enter new mailing address, if applicable:	P O BOX 1763	I	
Mailing address MAY BE A POST OFFICE BOX)	PLANTATION	F. FL 33318	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the na</u>	
			25
Name of New Registered Agent:			٠, ١٠
New Registered Office Address:	- Enter Florid	a street address	10 P O
		. 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 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>	Name	Address	Type of Action
			🗖 Add
			Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
		□Remove	
			Change
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			□Remove
			□Change

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Signature of a member or authorized representative of a member					
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		HARRY S			