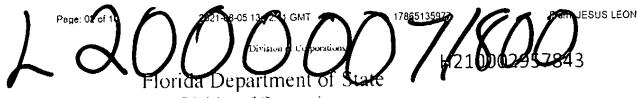


4-8 2021



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002957843)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SACONSA GROUP LLC

Account Number : 120200000187 Phone : (786)757-2436

Fax Number : (786)513-5977

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

| Email | Address:_ | | _ |
|-------|-----------|--|---|
|-------|-----------|--|---|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AEROVIP LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

AUG 0 6 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

H210002957843

COVER LETTER

H210002957843

| TO: Registration Sec Division of Cor | | | | | |
|--|---|--|--|--|--|
| AEROVIP | LLC | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | |
| The modernal Articles of | Amendment and fee(s) are subt | nitted for filing | | | |
| | ndence concerning this matter | | | | |
| | JESUS LEON | | | | |
| | | Name of Person | | | |
| | SACONSA GROUP LLO | | | | |
| | | Firm Company | | | |
| | 3625 NW 82 Avenue Si | uite 100-K | | | |
| | | Address | | | |
| | DORAL, FL 33166 | | | | |
| | | City/State and Zip Code | | | |
| | JESUSLEONTERAN@G | | Figure 1 | | |
| | | to be used for future annual report not | realion) | | |
| For further information of | oncerning this matter, please or | | | | |
| JESUS LEON | | 786 7572436 at () | | | |
| Name o | d Person | Area Code Daytim | = Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30 00 Filing Fee & Certificate of Status | SSS.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 | | STREET/COURI Registration Section Division of Corporation | on | | |
| P.O. B | iox 6327 assee, FL 32314 | Clifton Building 2601 Executive Co | enter Circle | | |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210002957843

| AEROVIP LLC | ~ | | |
|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | inhibity (formany) | | |
| The Articles of Organization for this Limited Liability Company Florida document number | 70C | | |
| This amendment is submitted to amend the following: | FORALITY R. D | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| THE PACIFIC LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | | | |
| Enter new principal offices address, if applicable: | 580 Washingtorst, Suite2A | | |
| (Principal office address MUST BE A STREET ADDRESS) | Boston, MA , 02111 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | 580 Washingtorst, Suite 2A Boston, MA, 02111 ffice address on our records, enter the name of the new e: | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Florida | | |
| | City Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office | e performance of my duties, and Fam jamular with and provided for in Chapter 605, F.S. Or, if this document is | | |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

From: JESUS LEON

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

H210002957843

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------|--------------------|----------------|
| MGRM | REYES, RODOLFO J | 4250 BISCAYNE BLVD | O Add |
| _ | | SUITE 1101 | ■ Remove |
| | | MIAMI, FL 33137 | Change |
| MGRM | EL ARIGIE, RAIF | 4250 BISCAYNE BLVD | Add |
| | | SUITE 1101 | ■ Remove |
| | | MIAMI, FL 33137 | Change |
| MGRM | Carrion Romero, Alcides J | 4250 BISCAYNE BLVD | Add |
| | | SUITE 1101 | Remove |
| | | MIAMI, FL 33137 | Change |
| | | | D Add |
| | | | □ Remove |
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|). If amending | any other information, enter change(s) here: (Attach additional sheets, if necessary.) | , | |
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| · | | AM 10: | CORPORATION |
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| | | | |
| (If an effective Note: If the | tte, if other than the date of filing: | .0207 () ed as ti | 3)(b) 1c |
| f the record (b) The 90th | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli n day after the record is filed. | er of: | |
| Dated | 08/03 , 2021 | | |
| 194660 | 20 | | |
| _ | Signature of a member or authorized representative of a member | | |
| _ | KAREN ROJAS Typed or printed name of signee | | |
| | 13 peo or primite mater or signer | | |
| | Page 3 of 3 | | |
| | Filing Fee: \$25.00 | | |