

L2100013312

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES
Account Number : 120180000048
Phone : (954)793-0353
Fax Number : (954)944-3163

****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
C.A.S COMPLETE AVIATION SERVICES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

10/01/24

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2024 OCT -1 PM 4:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

(((H24000332460 3)))

C.A.S COMPLETE AVIATION SERVICES, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 01/22/2021 and assigned
Florida document number L21000043312.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1818 Sunny St.

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1818 Sunny St.Kissimmee FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1818 Sunny St.

Enter Florida street address

Kissimmee, FloridaFL 34741

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Romulo Ribeiro Miranda	1818 Sunny St.	<input type="checkbox"/> Add
		Kissimmee FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Assured accounting

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H24000332460 3)))

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated Oct 1, 2024

Romulo Ribeiro (Oct 1, 2024 15:26 EDT)

Signature of a member or authorized representative of a member

Romulo Ribeiro Miranda