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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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O SIMMONS

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	AMIX LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANCISCO PEREZ		
		Name of Person	
	AERODINAMIX LLC		
		Firm/Company	
	18702 SW 27th ST		
		Address	<u></u>
	MIRAMAR FL. 33029		
	-	City/State and Zip Code	
	aerodinamix@outlook.com E-mail address: (to be used for future annual report no	offication)
For further information e	oncerning this matter, please c	·	,
Francisco Perez		786 4898847	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	no following amount		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
= 323.001 ling 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	· «•	Street Address:	
Registration S		Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, 1	r L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A FRODINAMIX LLC

2021HAY 13 AH 6:53

(Name of the Limited Liability (A Florida)	y Company as i Limited Liabilit	t now appears on y Company)	our records.)	<u> </u>
The Articles of Organization for this Limited Liability Collorida document number L21000123861	ompany were	filed on March	16, 2021	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	<u>ted liability c</u>	company here:		
he new name must be distinguishable and contain the words "Limit	ted Liability Co	mpany," the design	nation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>			
			_	
Zatan ann an iling oddwyr if oppliagbler				
Enter new mailing address, if applicable:	<u></u>			
Mailing address MAY BE A POST OFFICE BOX)			 	<u> </u>
				
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	i office addro	ess on our reco	rds, <u>enter the n</u>	ame of the new regi
Name of New Registered Agent:			<u></u> _	
New Registered Office Address:		Enter Florida	street address	
New Registered Office Address:		2,111() 1 1()/1442 .		
New Registered Office Address:			Florida	Zip Code

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>	<u>Name</u>	Address 2021 HAY 13 All 6: 53	Type of Action
AMBR _	Samantha Gonzalez Gomez	10065 SW 163rd PL.	= Add
_		Miramar Florida, 33196	□Remove
		USA.	□Change
	·		□Add
			□Remove
			🗀 Change
			□Add
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			□ Channa

fective date, if other than the date of filing: (optional) In 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 605,0205 May list 2021 Signature of a member or authorized representative of a member		2021 HAY 13 AM 6: 53
Feetive date, if other than the date of filing:	_	
Fective date, if other than the date of filing: (optional)		· · · · · · · · · · · · · · · · · · ·
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