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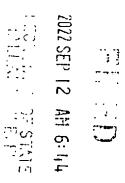
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Division of Cor	porations				
AERODIN	AMIX LLC.				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.			
Please return all correspo	ondence concerning this matter	to the following:			
	VALENTINA PEREZ				
		Name of Person			
	AERODINAMIX LLC				
		Firm/Company			
	18702 SW 27th ST				
		Address			
	MIRAMAR FL. 33029				
	-	City/State and Zip Code			
	aerodinamix@outlook.com E-mail address: (to be used for future annual report no	ufication)		
For further information c	oncerning this matter, please c				
Valentina Perez		at () 2018843 Area Code Daytir			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 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)		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ADTICLES OF AMENDMENT

AKTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF

AERODINAMIX 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 $\underline{\underline{March 16, 2021}}$ Florida document number L21000123861 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: VALENTINA PEREZ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
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			Remove
			Change
			DAdd
			□Remove
			☐ Change
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Pated		Signature of	a member or aut	norized representa	tive of a member		

Filing Fee: \$25.00