

h21000127112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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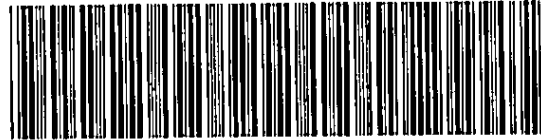
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TALLAHASSEE, FL

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IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW
BAYLEE EXECUTIVE CENTER • SUITE 225
16375 NORTHEAST 18TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO
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EMAIL: office@irarshapiro.com

September 1, 2022

Via FedEx 7778 2849 8071

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

Re: 3S-Aero LLC
Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for 3S-Aero LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,



IRA R. SHAPIRO

IRS/gg
Encl.
gcorp clerici9122

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3S-AERO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ira R. Shapiro
Name of Person
Ira R. Shapiro P.A.
Firm/Company
16375 NE 18 Avenue, Suite 225
Address
North Miami Beach, FL 33162
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira R. Shapiro
Name of Person
305 944-3936
at () Daytime Telephone Number
Area Code

2022 SEP -2 PM 2:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

3S-AERO 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 03/26/2021 and assigned
Florida document number L21000127112.

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:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIEGO A. CLERICI	3731 N. COUNTRY CLUB DRIVE, #1028	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCELA A. SAUVAGE	3731 N. COUNTRY CLUB DRIVE, #1028	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Milagros L. Curiel Van Der Biest	20900 N.E. 30th AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 200-02	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be the date the information was first made available to the public.)

(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 conditions of 605.0207 (3)(b), the date must be the date of filing.

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 September 1, 2022

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~~Signature of a member or authorized representative of a member~~

DIEGO A. CLERICI

Typed or printed name of signee

Filing Fee: \$25.00