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2021 NOV -8 AM 9: 33
SECTION OF SHARE

C. BRUMBLEY NOV 2 9 2021

CUDIECT.	AVIATIO	N STORE 101 LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person	 -	_
		Firm/Company		_
	17350 STATE HWY 249 S	STE 220		
		Address	<u>-</u>	_
	HOUSTON, TX 77064			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		_
	EFILE1234@INCFILE.CO			
		to be used for future annual re	eport notification)	
For further information c	oncerning this matter, please ca	all:		
LOVETTE DOBSON			-462-3453	
Name o	f Person	Area Code	Daytime Telephone Number	r
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	ate of Status &
Mailing Address Registration S		<u>Street Ad</u> Registra	dress: tion Section	
Division of C		Division	of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO

ARTICLES OF ORGANIZATION **OF**

AVIATION	STORE 101 LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Horida document number L21000188697		and assigned
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 L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· -
(Principal office address MUST BE A STREET ADDRESS)	202 ST
		25.7
Enter new mailing address, if applicable:		
· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		
		$\frac{\omega}{\omega}$
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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 i. 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Actio
AMBR	TRUST BRANDS CORP	509 S CHICKASAW TRAIL 147	□Add
		ORLANDO. FL 32825	= Remove
			□ Change
AMBR	PAULO HENRIQUE RIBEIRO WEBER FILHO	7190 SHORELINE DRIVE APT 6305	□Add
		SAN DIEGO, CA 92122	■Remove
			□Change
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	t does not meet the applica	able statutory filing requ	(optional) n 90 days after filing.) Pursuant t irements, this date will not b	o 605.02 e listed
		me. at 12:01 a.m. on the	earlier of: (b) The 90th day	z after tl
ne record specifies a delayed effective dord is filed.	ate, but not an effective ti		carrier of (b) The your day	
ord is filed. NOVEMBER 2 Dated	2021			
Dated NOVEMBER 2	, 2021			
Dated NOVEMBER 2	2021			-

Filing Fee: \$25.00