# L21000266535

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## , COVER LETTER

Division of Co	rporations				
AIRTIME SUBJECT:	LOGISTIC LLC				
Sobsect.	Name of Lim				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alessandra Silva				
		Name of Person	<del> </del>		
Firm/Company					
150 PALM VALLEY BLVD, UNIT 3164					
	SAN JOSE, CA 95123				
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report n	otification)		
For further information of	concerning this matter, please c	all:		202 SE	
Jose A Sales		925 639-8149		SECRETARY	
Name (	of Person	Area Code Dayt	time Telephone Number	19 PM	
Enclosed is a check for t	he following amount:			E.S. S.	O
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	<b>,36</b>

Mailing Address:

TO:

**Registration Section** 

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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### AIRTIME LOGISTIC 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 06/08/2021 and assigned Florida Department document number L21000266535.

This amendment is submitted to amend the following:

New Registered Office Address:

ding name, enter the new name of the limited liability company here:

м.	if amending name, enter the new name of the minited hability company nere.	
	name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the tion "L.L.C."	
Enter ne	ew principal offices address, if applicable:	
Enter ne	w mailing address, if applicable:	
В.	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	registered agent and/or the new registered office address here:  New Registered Agent:	47 

#### 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 statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records;

MBR= Member AMBR= Authorized Member

<u>Title</u> MBR	Name ALESSANDRA SILVA	Address 150 PALM VALLEY BLVD, UNIT 3164 SAN JOSE, CA 95123	Units 51%		of Action Change
MBR	JOSE A SALES	150 PALM VALLEY BLVD, UNIT 3164 SAN JOSE, CA 95123	49%	Ø	ADD

D. Effective date, if other than the date of filling: (optional)

Dated: September 14th of 2022.

ALESSANDRA SILVA – Member

Typed or printed name of signee