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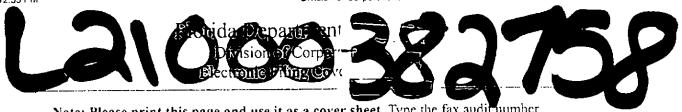
01/24/2022

11:44 AM

TO:18506176383 FROM:4073703120

1/24/22, 12:55 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LARSON ACCOUNTING AND CONSULTING SERVICES LLC Account Name

Account Number : I20160000067 Phone : (407)370-3686 : (407)370-3120 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTERN BREEZES AEROTRUST LLC

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T. LEMIEUX JAN 25 2022

01/24/2022 11:44 AM TO:18506176383 FROM: 4073703120 Page: 2 COVER LETTER Registration Section TO: Division of Corporations * WESTERN BRIEEZES AEROTRUST LEC SUBJECT: _ 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: CAROLINE LARSON Name of Person LARSON ACCOUNTING GROUP Firm/Company 7901 KINGSPOINTE PKWY STE 17 Address ORLANDO, Fl. 32819 City/State and Zip Code carolinelarson@acc.com E-mail address: (to be used for lature annual report notification) For further information concerning this matter, please call: JOÃO GOMES DA SILVA JÚNIOR Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S60.00 Filing Fce, X \$30.00 Filing Fee & S55.00 Filing Fee & S25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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 Page: 3 01/24/2022 11:44 AM TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTERN BREEZES AEROTRU					_	
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords.)			
The Articles of Organization for this Limited I	iability Company	were filed on 08/26/2021		and	l assign	.ed
Florida document number L21000382758						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited lial	pility company here:				
JOHN & SONS COMMERCE AND SERVICES						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"L1.C" or the a	bbreviatio	n "L.L.C	••
Enter new principal offices address, if appli	cable:	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:		N/A	<u> </u>			
(Mailing address MAY BE A POST OFFICE	(BOX)					
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, e	nter the nar	ne of the	new r	egistere
Name of New Registered Agent:	N/A				<u> </u>	
New Registered Office Address:	N/A			· · ·	22	<u></u>
		Enter Florida street i	address	•	-0	
			Florida _			
		City		Zıp (Code	
New Registered Agent's Signature, if changing	Registered Agen	t:			٠.,٠	

New Registered Agent's Signature, it 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.

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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

Title	Name	Address	Type of Action
N/A	 		□Add
			□Remove
			□Change
			DAdd
			Remove
			☐ Change
			□Add
			□Change
			□Add
			ПRеточ е
			DAdd
			□Remove
			☐Change
			DAdd
			□Remove

N/A	
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fective	date, if other than the date of filing:
an effecti ote: If	ive date is listed, the date must be specific and cannot be prior to date of litting or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	i's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed	
n:	1/24/2022
ated	729/2022
	João Bones da Sára Ja
	Signature of a member or authorized representative of a member
	JOÃO GOMES DA SILVA JÚNIOR
	ICIACI GOMBES DA SILVA IDMINO

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