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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
CHRICOL LAS. INTE	ERNATIONAL AVIATION S	OLUTIONS LLC			
30bJEC1.		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:			
	CESAR M JALDIN QUIS	PE			
		Name of Person			
	I.A.S. INTERNATIONAL	, AVIATION SOLUTIIONS LLC			
		Firm/Company			22
14150 SW 129TH STREET				~ . ⁷	18 AYH 8300
Address					<u>بخر</u> ن
MIAMI FL. 33186				.:.7	
		City/State and Zip Code		· ••	M. 12: 37
	CESAR_JALDIN_97@HO	TMAIL.COM to be used for future annual report notif	ication)	ine)	.: ယ
For further information co	oncerning this matter, please e	-			
CESAR M JALDIN QUI	ISPE	at (786) 560-3314			
Name of	Person		: Telephone Number	_	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y	
Mailing Address Registration S	Section	Street Address: Registration Sec			
Division of C P.O. Box 632	•	Division of Cor The Centre of T			
Tallahassee, F			Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I.A.S. INTERNATIONAL AVIATION SOLUTIONS				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 10-06-2021	and as	signed	
Florida document number L21000438116				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	. , .	e abbreviation "I	L.C."	
Enter new principal offices address, if applicable:	14150 SW 129TH STREET		_ *. a_	
(Principal office address MUST BE A STREET ADDRESS)			9501	
	MIAMI FL 33186		ΗAΥ	 .
			$\frac{\omega}{2}$	
Enter new mailing address, if applicable:	14150 SW 129TH STREET	, <u> </u>	\$e	;¯1¯'`
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	(**,
	MIAMI FL. 33186	Nager.	37	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the ne	w regi	<u>stered</u>
Name of New Registered Agent:				
New Registered Office Address: 14150 SW 129	THSTREET			
	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

MIAMI

, Florida 33186 Zip Code 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>	Type of Action
AMBR	JOEL M PARDO	15143 SW 109TH LN	□Add
			■Remove
		MIAMI. FL. 33196	Change
			
			□Remove
			Change Change Add:
			□ Remove
	<u> </u>		
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ective date, if other offective date is listed	l, the date must be spe	cific and cannot			ore than 90 days aft	er filing.) Pursu:	
ote: If the date inser- cument's effective d				statutory Illing	g requirements, ti	us date will no	it be listed a
ecord specifies a dela is filed.	iyed effective date.	but not an effe	ective time, a	at 12:01 a.m. c	on the earlier of: ((b) The 90th	day after the
					c		
ted <u>05-26</u>		, <u>202</u> ;		11 1			
			1	Vu K Trepresentative			

Typed or printed name of signee