## L220000066661

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FILED Jan 31, 2022 08:00 AM Secretary of State

> A. BUTLER FEB - 9 2022

## **COVER LETTER**

то:	Registration Sec Division of Corp			
		BROTHERS LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submitted and fee(s)		FILED Jan 31, 2022 08:00 AM Secretary of State
		VITALII KOVALENKO		
			Name of Person	
		AVIATION BROTHERS	LLC	
			Firm/Company	
		1360 NW 65TH AVE G		
			Address	
		PLANTATION, FL 33313	;	
		AVIABOZI E-mail address: (	City/State and Zip Code  a gmail, com  based for future annual report no	otification)
For furt	her information c	oncerning this matter, please c		
Vita	alii kov Name o	alenko Person	at ( <u>786) 690</u> Area Code Dayt	40 84 ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
€ \$25	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## FILED Jan 31, 2022 08:00 AM Secretary of State

AVIATION BROTHERS LLC	1	
(Name of the Limited Liab	ility Company as it now appears on our record da Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 01/01/2022	and assigned
Florida document number 1.22000006661	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter</u> :	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	· vs
	Emily Fronties according	N-4-
		lorida
	City	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 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>	Address	Type of Action
AMBR	DANIII. ANOKHIN	1360 NW 65TH AVE G	≅∧dd
	(DANIIL ANOKHIN)	PLANTATION, FL 33313	
			□Change
			🗀 Add
			□Remove
			□Change
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