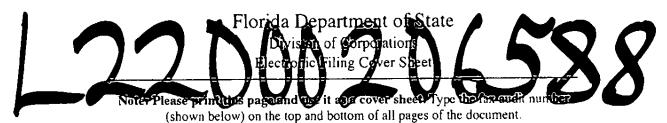
5/7/22, 17:59

Division of Corporations



(((H22000229343 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC

Account Number : I20210000152 Phone : (305)520-9343 Fax Number : (786)705-2040 Phone

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

S	Addrogg:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SJN AERONAUTICAL SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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JUL -7 2022

M. SOLOMON

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Corporate Filing Menu

Help

34 ö 9 From: +17867052040 (TU CONTADOR EN MIAMI)

COVER LETTER

TO: Registration Sec Division of Corp			,
	SJN AERONAUTIO	CAL SOLUTIONS LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	FE	RNANDO VILLARREAL	
		Name of Person	
	PF	TER MATHISON LLC	
		Firm/Company	
	800	SE 4TH AVENUE, SUITE 139	÷ g
		Address	: <u></u>
	HALL	ANDALE BEACH, FL 33009	174 174
		City/State and Zip Code	11:
		TUCONTADORENMIAMI.COM	· · · · · · · · · · · · · · · · · · ·
For further information of	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notifi	, ,
			20-9343
FERNANDO VILLARREAL Name of Person		at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Sec	tion
Registration S Division of C		Division of Corp	
P.O. Box 632	27	The Centre of T	allahassec
Tallahassee,	FL 32314	2415 N. Monro	Street, Suite 810

Tallahassee, FL 32303

From: +17867052040 (TU CONTADOR EN MIAMI)

ARTICLES OF AMENDMENT **TO** ARTICLES OF ORGANIZATION **OF**

	AL SOLUTIONS LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appea nited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on	2nd day of May 2022	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the al	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>			
		_	• 5=	
			5	
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)				
			<u></u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our	records, <u>enter the nan</u>	ne of the new registered	
Name of New Registered Agent:	Name of New Registered Agent: TU CONTADOR EN MIAMI LLC			
New Registered Office Address:	1946	1946 TYLER ST		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address			
	HOLLYWOOD	, Florida	33020 Zip Code	

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
AMBR	DA SILVA, ROBERT JOSE	5671 NW 112TH AVE	□Add
		APT 112	Remove
		DORAL, FL 33178	Change
AMBR	DA SILVA BASTIANELLI, GERA	5671 NW 112TH AVE	= Add
		APT 112	
		DORAL, FL 33178	☐ Change
			BAdd \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			□ Change
			DAdd
			□Remove
			Change
			□Remove
			Change
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			□C'honge

					
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an effective	late, if other than the date of e date is listed, the date must be spec- e date inserted in this block does seffective date on the Department	ific and cannot be prior to date is not meet the applicable st	of filing or more than 90 days	optional) after filing.) Pursuant to 605.0 this date will not be listed	0207 (d as t
record spe d is filed.	ecifies a delayed effective date, l	out not an effective time, at	12:01 a.m. on the earlier of	f: (b) The 90th day after	the
ated	Ist day of July	2022			
		ROBERT JOSE DA	SILVA		
-	Signatu	re of a member or authorized	epresentative of a member		
		DA SILVA, ROBE	RT JOSE		
-		Typed or printed nam			

Filing Fee: \$25.00