

L22000324375

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SIMPLY ROYALTY ACCOUNTING & TAX SERVICES
Account Number : I20240000096
Phone : (305)742-2298
Fax Number : (305)742-2299

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AEROCASILLERO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2024 SEP 11 AM 3:02

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 SEP 11 AM 1:50
FILED

COVER LETTER

#24000309789 3

TO: Registration Section
Division of Corporations

SUBJECT: AEROCASILLERO LLC

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:

DANIEL MEDINA

Name of Person

AEROCASILLERO LLC

Firm/Company

6500 NW 84 AVE

Address

DORAL FL 33166

City/State and Zip Code

operativo@aerocasillero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL MEDINA

786

4791423

At ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

AEROCASILLERO 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 _____ and assigned
Florida document number L22000324375.

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. 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 New Registered Agent:

DANIEL MEDINA

New Registered Office Address:

6500 NW 84 AVE

Enter Florida street address

DORAL

City

Florida 33166

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 Changing Registered Agent, Signature of New Registered Agent

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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NINI JOHANNA COBOS	6500 NW 84 AVE	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AGENT	ARMANDO CAICEDO	6500 NW 84 AVE	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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FALLA HALL SE 410TH

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
SEP 1 1961
FBI - MEMPHIS

E. **Effective date, if other than the date of filing:** 09/01/2024 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/10/2024

Signature of a member or authorized representative of a member

DANIEL MEDINA

Typed or printed name of signee

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