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COVER LETTER

TO:	Registration Sec Division of Corp								
CUDI	AEROELITI	ELLC	N.						
SUBJI	ECI:		Name of Limi	ted Liability Company					
The en	closed Articles of A	mendment	and fee(s) are sub	mitted for filing.					
Please	return all correspon	dence conce	erning this matter t	to the following:					
		CARLOS	J BARBOSA						
				Name of Person			-		
		MATRE	INTERNATION	AL BUSINESS CONS	ULTING				
				Firm/Company			ဟ	20	
		759 SW	EDERAL HIGH	WAY SUITE 304			TAL	2022 OCT 1	
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			E-mail address: (t	o be used for future annua	l report notification	3)	נידן		
For fur	ther information co	ncerning thi	s matter, please ca	111:					
CARI.	OS J BARBOSA			561 3: at ()	294701				
_	Name of	Person		Area Code	Daytime Telep	nhone Number			
Enclos	ed is a check for the	e following	amount:						
■ \$2	5.00 Filing Fee		Filing Fee & icate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is a		S60,00 Fi Certifica Certified (additional	te of Sta Copy	itus &	
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	S	Regist Division The Co 2415 Y	Address: ration Section on of Corporat entre of Tallah N. Monroe Stre assee, FL 3230	iassee eet, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEROELITE 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 09/13/2022 _____ and assigned Florida document number 1.220003 \$9797 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 "LLC." 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: New Registered Office 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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida ___

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	CORTINEZ GALVEZ, SUSANA I	21060 BLACK MAPLE LN	□ Add
		BOCA RATON, FL 33428	■Remove
			□Change
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			□ Change
			SECRETAR 1771 LAND
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D. If amer	nding any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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If the record record is file		live date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated ²	ROTH SEPTEMBER	2022	
		Signature of a member or authorized representative of a member	
	CARLOS J BARBOS		
	0.11100 # 17.111000	Typed or printed name of signee	