## L23000104661

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## **COVER LETTER**

TO:

	ation Sect of Corp			
Adv	anced In	egrated Controls, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all o	correspon	dence concerning this matter	to the following:	
		Dayron Saumell		
			Name of Person	<del> </del>
		Advanced Integrated Contr	rols, LLC	
		_	Firm/Company	
		11020 SW 42 Street		
		<del></del>	Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33165		
			City/State and Zip Code	
		aicontrolsinfo@gmail.com		
		E-mail address: (	to be used for future annual report no	tification)
For further inforr	nation co	ncerning this matter, please co	all:	
Dayron Saumell			305 305-0413	
	Name of	Person		nc Telephone Number
Enclosed is a che	ck for the	following amount:		
■ \$25.00 Filing	g 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)
	Address ration S		Street Address: Registration So	ection
		rporations	Division of Co	
P.O. B	ox 6327	· -	The Centre of	
Tallaha	assee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now app da Limited Liability Company	ears on our records.) y)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on	February 27, 2023	_ and assigned
Florida document number L23000104661			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
	<del></del>		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," th	e designation "LLC" or the abbre	viation FLSL.C."
Enter new principal offices address, if applicable:	Dayron Saun	nell	ىب <u></u> -
(Principal office address MUST BE A STREET ADD	RESS) 11020 SW 42	2 Street, Miami, FL 33165	<del> </del>
Enter new mailing address, if applicable:	Lilia Bourzas		
(Mailing address MAY BE A POST OFFICE BOX)	11020 SW 42	2 Street, Miami, FL 33165	cn cn
			<del></del>
B. If amending the registered agent and/or registerence agent and/or the new registered office address here:		r records, <u>enter the name o</u>	of the new regi
Name of New Registered Agent: Dayr	on Saumell		<del> </del>
New Registered Office Address: 1102	0 SW 42 Street		
	Enter I	Florida street address	
Mian	ni	, Florida 33165	;
		, 101144	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

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
MGR	Dayron Saumeli	11020 SW 42 Street, Miami, FL 33165	<b>=</b> Add
			□ Remove
			□Change
MGR	Lilia Bourzac	11020 SW 42 Street, Miami, FL 33165	□Add
			□Remove
			<b>=</b> Change
			□ Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			∐Add
			□Remove
			□Change

controls: and to tra	nsact any and all lawful business for which limited liability companies may be organized under
	I Liability Act ("the Act"), and any amendments thereto, related directly or indirectly thereto,
	· · · · · · · · · · · · · · · · · · ·
	therewith, the Company shall have, and may exercise, any and all powers conferred from time
	to limited liability companies formed under such Act as well as to lend money to and use its
credit to assist its n	nembers, managers, agents and employees as the Members, or its Board of Managers if
designated, may fre	om time to time be determine.
Article V: The naπ	ne and address of person authorized to manage LLC: Title: AR: Dayron Saumell, 11020 SW
42 Street, Miami, I	FL 33165
Article IV: The na	me and Florida street address of the registered agent is: Dayron Saumell, 11020 SW 42 Street
Miami, FL 33165	
	717.3
	N.
**	<del>``</del>
	<u> </u>
ffective date is listed, t	than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to d in this block does not meet the applicable statutory filing requirements, this date will not be
ment's effective dat	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a

Filing Fee: \$25.00