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Division of Corporations

Florida Department of State Division of Corporations 323 Elegtronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : I & G ACCOUNTING SERVICES PA

Account Number : 120230000009 Phone : (407)914-0364 Fax Number : (407)914-0364

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

Email	Address:			

PERSONALL PRINCIPARENT STATES OF THE PRINCIPAREN

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVIORANO2023 LLC

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APPROVED FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AVIORANO2023 LLC

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lir	nited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L23000146323	Liability Compan	y were filed on 03/22/2023	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name			
The new name must be distinguishable and contain the			abbreviation "L.L.C."
Enter new principal offices address, if appl		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.)	registered office	N/A address on our records, enter the na	ame of the new registered
Name of New Registered Agent:	N/A		2023 A
New Registered Office Address:	N/A		
		Erser Florida stree: address	
		, Florida _	
New Registered Agent's Signature, if changing	Registered Agent:	<i>,</i>	
I hereby accept the appointment as register provisions of all statutes relative to the projection the obligations of my position as reg	per and complete	performance of my duties, and I an	n familiar with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
MGR	OSCAR E RIOS HERRERA	253 Irving Avenue, Apartment 3B.	■Add
		Brooklyn, NY 11237	
			L!Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		<u> </u>	Remove
			DAdd
			□Remove
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Effective date, if other of the self-curve date is listed, Note: If the date inserted document's effective date.	the date must be specific and in this block does not te on the Department of	nd cannot be prior to t meet the applica (State's records.	ble statutory fil	more than 90 days a ing requirements,	this date will not be	listed as
e record specifies a delay rd is filed.	ed effective date, but n	ot an effective tir	ne, at 12:01 a.m	a. on the earlier of	(b) The 90th day	after the
Dated	August 11	, 2023	_·			
	Signature of	a member or author	ized representati	ve of a member		-
		Oscar	K105			

Filing Fee: \$25.00