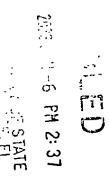
L23000171351

(Re	equestor's Name)	·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





900408690279



RECEIVED 2028 JUN-6 PM 2: 13

Sunshine State Corporate Compliance Company

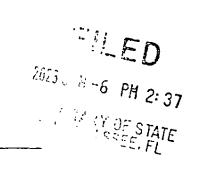
3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/06/2023	_			⇔WALK IN⇔
ENTITY NAME Aviation	n Leases LLC			
				
DOCUMENT NUMBER_				
	PLEASE FILE THE	ATTACHED AND RETU	IRN	
xxxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
**	PLEASE OBTAIN THE FOL	LOWING FOR THE ABO	VE ENTITY**	
	Certified Copy of Arts 8	E Amendments		
	Certificate of Good Stand			
-	**APOSTILLE' / NO	TARIAL CERTIFICAT	TON**	
COUNTRY OF DESTINA	TION			
NUMBER OF CERTIFICA	ITES REQUESTED			
TOTAL OWED \$25			#: 120160000072	2
		5	8 F/10	
Please call Tina at t	the above number for an		-	much!

COVER LETTER

	ration Section on of Corporations	
SUBJECT: A	Aviation Leases LLC	
SORDECT:	Name of Limited Liabilit	y Company
The enclosed Art	rticles of Amendment and fee(s) are submitted for	filing.
Please return all	correspondence concerning this matter to the folk	owing:
	Andres Rajch	man Kleiman
	Nan	e of Person
		√Company
	429 Lenox Ave	o Configure
		Address
	Miami Beach FL 3	3179
	-	e and Zip Code
	andresrajchman@avia	or future annual report notification)
For further infor	rmation concerning this matter, please call:	
Andres	Rajchman Kleimanat	(305) 321-0886 Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
X \$25 00 Filin	Certificate of Status Cer	.00 Filing Fee &
	o <u>g Address:</u> Stration Section	Street Address: Registration Section
Divisi	ion of Corporations	Division of Corporations
	Box 6327 hassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
, arrai		Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AVIATION LEASES LLC

(A Florida Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L23000177351</u>	were filed on04/	11/20 <u>23</u> a	nd assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	ion "LLC" or the abbrevia	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	429 Lenox Ave	<u></u>	
·	<u>Miami Beach F</u>	L 33179	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	<u>Miami Beach F</u>	<u>L 33179</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	rect address	
		. Florida	
	Cuy	, Florida Zi	p Cock
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my a provided for in Chap	luties, and I am famil ter 605, F.S. Or, if th	har with and is document is
Territoria de la companya della companya della companya de la companya della comp	Danis Danis Anna A Nama	Samples of New Degister	and August

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
			□∧dd
			□Remove
			□Change
			□ Add
			□Remove
			□Remove
			Change
			ʿJ Add
			□Remove
			Change
			DAid
			□Remove
			□Change
			[]Add
			Remove
			l'3Chame

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
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	2073 - 1 	
<u></u>	25 - 6 - R	
CA: CA: CA: CA: CA: CA: CA: CA: CA: CA:	<u> </u>	
	ATE	Í
	_	
E. Effective date, if other than the date of filing: (It 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records	605.0207 (3 listed as th	^ያ Xኮ) ie
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 record is filed.	ifter the	
Dated JUNE 6 2023 Signature of a member or authorized representative of a member	-	
ANDRES RAJCHMAN Typed or printed name of signee	_	

Filing Fee: \$25.00