

L23 000 204835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

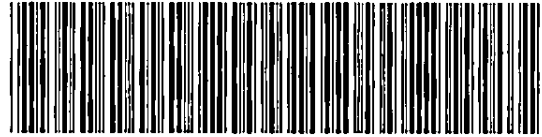
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 8 2023

Office Use Only



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FILED
2023 MAY -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAY -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: :

AIRA INVESTMENTS LLC L23000204835

BUSINESS NAME DOCUMENT #

 Certified Copy of Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC

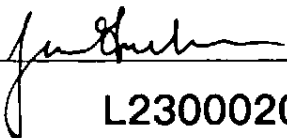
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___ Country

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___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIRA INVESTMENTS 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:

ALBERTO MUVDI

Name of Person

AIRA INVESTMENTS LLC

Firm/Company

7169 W OAKLAND PK BLVD

Address

LAUDERHILL, FL 33313

City/State and Zip Code

AIRAINVESTMENTSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

ALBERTO MUVDI

786
at ()

326-9555

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AIRA INVESTMENTS 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 04/25/2023

Florida document number 1.23000204835

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 "L.L.C." 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
2023 MAY -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|---------------|---------------------|---|
| AMBR | ALBERTO MUVDI | 7169 W OAKLAND BLVD | <input checked="" type="checkbox"/> Add |
| | | LAUDERHILL FL 33313 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

(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)

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.

DocuSigned by:

 Signature of a member or authorized representative of a member
 D1E6B82DEC444E

Typed or printed name of signee