

L240000047416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

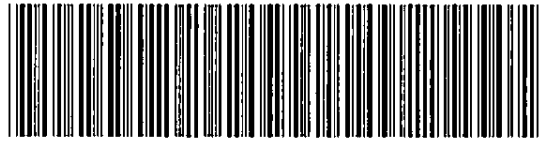
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FILED
2024 JUL 19 PM 12:09
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
AMASSER, MISSOURI

A. PARISHANI

JUL 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aguila Group 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:

Laura Urdaneta
Name of Person

[Signature]
Firm/Company

1210 E Oseola Pkwy Suite 301
Address

Kissimmee Florida 34744
City/State and Zip Code

laura@gncconsultants.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Urdaneta at (407) 473 7234
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
2024 JUL 19 PM 12:09

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Aquila Group 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 01-19-2024 and assigned
Florida document number L24000047416

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)

1210 E Osceola Pkwy Suite 301
Kissimmee Florida 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1210 E Osceola Pkwy Suite 301
Kissimmee Florida 34744

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

City _____, Florida _____

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Velasquez Fernandez Eudice J	8800 SW 152 ND CT	<input type="checkbox"/> Add
		Miami FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hernandez Shoamset	7741 NW 7Th ST Apt 812	<input checked="" type="checkbox"/> Add
		Miami FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUL 19 PM 12:09
DIVISION OF CORPORATION
STATE OF FLORIDA
ADJUTANT GENERAL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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STATE OF CONNECTICUT
DEPARTMENT OF STATE

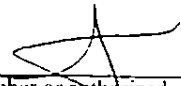
E. Effective date, if other than the date of filing: 01-19-2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated July 08, 2024



Signature of a member or authorized representative of a member

Typed or printed name of signee