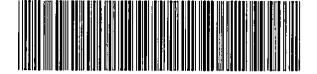
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of | Corporations | | |
|----------------------------|---|--|---|
| | ERU AIR SOLUTIONS LLC | ; | |
| SUBJECT: | Name | of Limited Liability Company | |
| The enclosed Article | es of Amendment and fee(s) | are submitted for filing. | |
| Please return all core | respondence concerning this | matter to the following: | |
| | JOSE A PADILLA | NUNEZ | |
| | | Name of Person | |
| | GUSLERU AIR SC | LUTIONS LLC | |
| | | Firm/Company | |
| | 1571 DAWNVIEW | WAY | |
| | | Address | |
| | KINDRED, FL. 341 | 7.44 | |
| | | City/State and Zip Code | 22 |
| | | З@ПОТМАПСОМ | |
| For further informat | n-man action concerning this matter, p | dress: (to be used for future annual report notification lease call: | n) |
| JOSE A PADILLA | | 407 785-4544 | r jii |
| | | at () | |
| N8 | nne of Person | Area Code Daytime Tele | phone Number |
| Enclosed is a check | for the following amount: | | |
| ■ \$25.00 Filing Fe | ce S30.00 Filing Fee Certificate of St | —————————————————————————————————————— | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Ac | tdress: ion Section | Street Address: Registration Section | |
| _ | of Corporations | Division of Corpora | tions |
| P.O. Box | | The Centre of Tallal | |
| tananass | ee, FL 32314 | 2415 N. Monroe Str | cet, build of 0 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GUSLERU AIR SOLUTIONS LLC | | |
|---|--|-----------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | impany as it now appears on our recited Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000153149</u> | pany were filed on $\frac{03/29/2024}{}$ | and assigned |
| This amendment is submitted to amend the following: | | |
| rms 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 I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | PR PR |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>en</u> | ~ |
| Name of New Registered Agent: | | (T) |
| New Registered Office Address: | Enter Florida street ad | dress |
| | | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|------------------------|-------------------------|----------------|
| MGR | LEDESMA ESPIN, MARCO A | 1706 CONNECTICUT AVE | |
| | | SAINT CLOUD , FL. 34769 | ■Remove |
| | | | □Change |
| MGR | MARCO A LEDEZMA ESPIN | 1706 CONNECTICUT AVE | |
| | | SAINT CLOUD , FL. 34769 | □Remove |
| | | | |
| | | | □Add |
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| ective date, if other t | han the date of fili | 04/16/2024 ng: | | (o _I | otional) | |
| n effective date is listed, the te: If the date inserted | date must be specific a | ind cannot be prior to | date of filing or m | ore than 90 days a | fter filing.) Pursuam this date will not | t to 605.0207 he listed as |
| | on the Department of | | ne manany min | g requirements. | and the second | or miles un |
| emment is effective time | | | | | | |
| emient venetare unit | 200 C A C T | ot an effective tim | ie, at 12:01 a.m. | on the earlier of: | (b) The 90th da | ay after the |
| ecord specifies a delayed | effective date, but n | | | | | |
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| ecord specifies a delayed is filed. | | 2024 | . 1 | | | |
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| ecord specifies a delayed is filed. | ., | 2024 . a member or author | | | | |

Filing Fee: \$25.00