L24000304-74.5

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07/25/24

COVER LETTER

	gistration Sec cision of Corp			
cun irot.		AS WINGS AVIATION L.L.C	· · ·	
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		JOSE PINEDO		
			Name of Person	
		 	Firm/Company	
		11520 N BAYSHORE DR		٠.
			Address	
		NORTH MIAMI FL 3318		HASSEE.
			City/State and Zip Code	मारू जिल्ला
		PEPEBASTOS143@GMA	IL.COM to be used for future annual report notif	= ;
For further i	nformation co	oncerning this matter, please c		reation) i
	MARIA	PINEBO	at (<u>959</u>) <u>395</u> Area Code Daytime	5405
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is:	a check for th	e following amount:		
≡ \$25,00 I	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)
	iling Address		Street Address:	tion
	gistration S vision of Co	orporations	Registration Sec Division of Corp	
P.C	D. Box 632	7	The Centre of T	allahassee
Tai	Hahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Entit	(A Florida Limited)	ny a <u>s it now appears on our records</u> Liability Company)	<u></u>)
The Articles of Organization for this Limited L Florida document number L24000300745		were filed on 07/03/2024	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
AMAZONAS WINGS AVIATION L.L.C.			
he new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	11520 N BAYSHORE DR	
Principal office address MUST BE A STREE		NORTH MIAMI FL 33181	
			F-1.5
			ž
inter new mailing address, if applicable:		11520 N BAYSHORE DR	Sign
Mailing address MAY BE A POST OFFICE	BOX)	NORTH MIAMI, FL 33181	52 Oi
			SAC TO
			(T) (C)
3. If amending the registered agent and/or i	registered office :	address on our records, <u>enter</u> (the name of the new egist
gent and/or the new registered office addre	ess here:		1.1
	JOSE PINEDO		
Name of New Registered Agent:	- JOSE 1 INCOO		<u>.</u>
New Registered Office Address:	11520 N BAYS		
		Enter Florida street address	Υ.
	NORTH MIAN		orida <u>33181</u>
		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 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
MGR	JOSE PINEDO	L1520 N BAYSHORE DR	
		NORTH MIAMI FL 33181	□Remove
			□Change
			□Add
			Remove
			□Change
			: : : : : : : : : : : : : : : : : : :
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			Remove
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