M2000003970

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1959988

April 10, 2023

James Brodbeck

Date:__

Reference #:_____

Entity Name:_____

✓ Amendment

Change of Agent

Dissolution/Withdrawal

Reinstatement

Conversion

Fictitous Name

Merger

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

AERO GROUNDTEK LLC Articles of Incorporation/Authorization to Transact Business

Authorized Amount:	\$25.00
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for the Signature:

U Other

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

State: AER	O GROUNDTEK I	LLC	
Enter new principal office address, if applicable:		_	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			7023 MFR 10 FILL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- 0
2. The Florida document number of this limited lia	ability company is:	M20000003970)
Jurisdiction of its organization:	Dela	laware	
4. Date authorized to do business in Florida:		04/24/2020	-
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mus	st contain "Limited Lia	iability Company, " "L.L.C.,"	"or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	maging members adopt		
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on o ddress here:	our records, enter the name of	of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	nter Florida Street Address	
		Florida	
	City	Z	ip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist	egistered Agent: ant and agree to act in and complete perforn	n this capacity. I further agre mance of my duties, and I an	n familiar w

th 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.

Title/ Capacity	<u>Name</u>	Address	Type of Acti
CFO	Sacco, Sal	165 CANTIAGUE ROCK RD	Add
		WESTBURY, NY 11590-2826	6 ⊠ Remo
Manager -	Thomas Grover Brackett	165 Cantiague Rok Road	⊠Add
		Westbury, NY 11590	Rem
Manager	Derek Simon	165 Cantiague Rok Road	⊠ Add
		Westbury, NY 11590	Remo
			Add
			Remo
			Add

Filing Fee: \$25.00