

L09000062355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

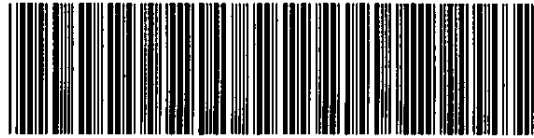
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE

APR 13 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROFLIHT, 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:

EDUARDO MENDEZ
Name of Person

KLEIN MENDEZ & ROTHBARD, LLC
Firm/Company

2600 S. DOUGLAS ROAD, STE 501
Address

CORAL GABLES, FL 33134
City/State and Zip Code

EMENDEZ@KMR-CPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO MENDEZ at (**305**) **487-3377**
Name of Person Area Code & Daytime Telephone Number

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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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PROFLIGHT, 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 06/26/2009 and assigned Florida document number LO9000062355.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5000 NW 36TH STREET, #288

MIAMI, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 669123

MIAMI, FL 33166

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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: KLEIN MENDEZ & ROTHBARD, LLC

New Registered Office Address: 2600 S. DOUGLAS ROAD, STE 501

Enter Florida street address

CORAL GABLES, Florida 33134

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 608, 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.


Eduardo Mendez, Managing Member
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EZEQUIEL ZAMORA	5000 NW 36TH STREET STE 288 MIAMI FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ALVARO R. FERNANDEZ	5526 NW 124TH AVENUE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PFS INVERSIONES, CORP	C/O 1430 S. DIXIE HIGHWAY STE 321 CORAL GABLES, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MEMBER	PFS INVERSIONES, CORP	2600 DOUGLAS RD SUITE 505 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMBER	ALVARO R. FERNANDEZ	5526 NW 124TH AVENUE, CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

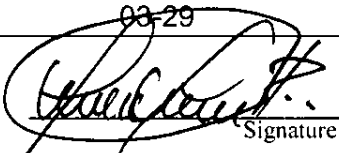
Please change Eduardo Aguilar address to the following:

5000 NW 36TH STREET, #288. MIAMI FL 33166

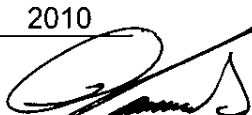
Dated

03-29

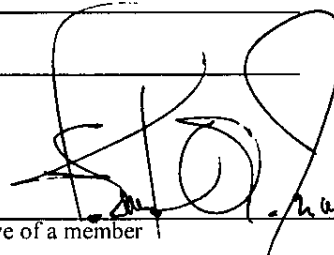
2010



ALVARO R. FERNANDEZ



EDUARDO AGUILAR



PFS INVERSIONES, CORP

Signature of a member or authorized representative of a member

Typed or printed name of signee