

Division of Corporations

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U0000334/35

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H17000143102 3)))



H170001431023ABCT

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
 Account Number : 076150002103
 Phone : (305) 444-0101
 Fax Number : (305) 444-0174

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Rmurai@mwbm.com

2017 MAY 25 PM 14:33

STATE OF FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
G1307, LLC**

| | |
|-----------------------|---------|
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2017

S. YOUNG

ARTICLES OF AMENDMENT
*TO
ARTICLES OF ORGANIZATION
OF

Fax audit No. H17000143102 3

G 1307 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 March 26, 2012 and assigned Florida document number L10000033435.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2665 South Bayshore Drive

Suite 302

Coconut Grove, Florida 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2665 South Bayshore Drive

Suite 302

Coconut Grove, Florida 33133

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:

Murai Wald Biondo & Moreno PLLC

New Registered Office Address:

2121 Ponce de Leon Boulevard, Suite 600

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 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------------------|-----------------------------------|--|
| Member | Airplane International Holdings, Inc | 2665 S. Bayshore Dr., Suite 302 | <input checked="" type="checkbox"/> Add |
| | | Coconut Grove, Florida 33133 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Mourad, Wilson | 1643 Brickell Avenue, Apt. 4601 | <input type="checkbox"/> Add |
| | | Miami, Florida 33129 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Zundel, Natan | 17038 W. Dixie Hwy, Suite 210 | <input type="checkbox"/> Add |
| | | North Miami Beach, Fl. 33160 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Fraga, Alexander W. | 2665 S. Bayshore Drive, Suite 301 | <input type="checkbox"/> Add |
| | | Coconut Grove, Fl. 33135-5402 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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

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E. Effective date, if other than the date of filing: _____ (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 May 25, 2017



 Signature of a member or authorized representative of a member
 Rene V. Murai, attorney for Member

 Typed or printed name of signee