

L11000033012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

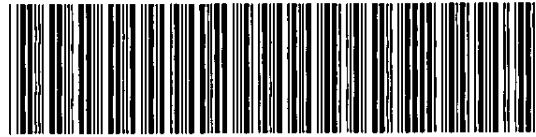
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



000296389210

03/14/17--01022--012 **43.75

04/13/17--01009--029 **16.25

FILED
2017 APR 12 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
APR 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2017

AVIATION INTERNATIONAL SOLUTIONS, LLC
CLAUDIA TORRES
6043 NW 167 ST. #A.16
MIAMI LAKES, FL 33015

SUBJECT: AVIATION INTERNATIONAL SOLUTIONS, LLC
Ref. Number: L11000033012

We have received your document for AVIATION INTERNATIONAL SOLUTIONS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 917A00005183

2017 APR 12 PM 4:19
TAMARA WELLS



Miami, April 5 of 2017

**TO: FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION
DIVISION OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

**REF: AVIATION INTERNATIONAL SOLUTIONS LLC
L11000033012**

Attach This letter I'm sending the following information:

- A copy of the letter received.
- A form complete like LLC entity
- A check totaling US 16,25 , It's the difference to get Certificate of status and certified copy.

Thanks please let me know if all is Ok

Sincerely,

CLAUDIA XIMENA TORRES E.
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVIATION INTERNATIONAL SOLUTIONS 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:

CLAUDIA TORRES
Name of Person
PRESIDENT
Firm/Company
6043 NW 167 STREET A.16
Address
MIAMI LAKES, FLORIDA 33015
City/State and Zip Code
corporate@aviationis.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA TORRES at 305 2677117
Name of Person Area Code Daytime Telephone Number

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

FILED
2017 APR 12 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AVIATION INTERNATIONAL SOLUTIONS 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 18, 2011 and assigned Florida document number L11000033012.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CARLOS SIERRA

New Registered Office Address:

6043 NW 167 STREET A. 16

Enter Florida street address

MIAMI LAKES

Florida

33015

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDGAR CAICEDO		<input type="checkbox"/> Add
		6043 NW 167 STREET A16, MIA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CAMILA SIERRA	6043 NW 167 STREET A.16 ,MIA	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 APR 2 11:10:28
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

FILED

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

Multiple horizontal lines for amending information.

FILED
2017 APR 12 AM 10:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 MIAMI LAKES, FLORIDA, 4/5/2017

Claudio Guzman Torres E
Signature of a member or authorized representative of a member

PRESIDENT

Typed or printed name of signee