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COVER LETTER

FLYUS L			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Ricardo A. Suarez		
		Name of Person	
	Ricardo A. Suarez, CPA, P	'A	
		Firm/Company	
	14353 Commerce Way		
		Address	 _
	Miami Lakes, FL 33016		
	 -	City/State and Zip Code	
	Ricardosuarezepa@aol.com		<u> </u>
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	ill:	
Ricardo Suarez		305 824-3686 at () Daytime	
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 tadditional 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

FLYUS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company florida document number 1.14000046918	were filed on June 12, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbayciation "L.L.C."
Enter new principal offices address, if applicable:	- T - T - T - T - T - T - T - T - T - T
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	PH 12: 53
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Florida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Eric J Ginebra	416 Helen Dr. Millbrae CA940300	
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Typed or printed name of signee

Filing Fee: \$25.00