

L19 000039724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

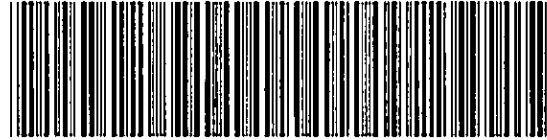
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2021 NOV 19 PM 12:59
OFFICE OF STATE
CLERK
E.D.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIATION ENGINE SYSTEMS, 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:

MATTHEW MARSENISON

Name of Person

JET ENGINE TECHNICIANS, LLC

Firm/Company

6890 NW 35TH AVE

Address

MIAMI, FL 33147

City/State and Zip Code

MATT@JETACCESSORY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW MARSENISON

954 483-6628

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AVIATION ENGINE SYSTEMS, 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 02/08/2019 and assigned Florida document number L19000039724.

This amendment is submitted to amend the following:

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

JET ENGINE TECHNICIANS, LLC

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:

6890 NW 35th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33147

Enter new mailing address, if applicable:

6890 NW 35th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33147

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:

Matthew Marsenison

New Registered Office Address:

6890 NW 35th Ave

Enter Florida street address

Miami

Florida

City

33147

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

2019 NOV 19 PM 12:59
STATE OF FLORIDA
E.D.

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>
AMBR	Matthew Marsenison	6890 NW 35th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ernesto Lara	6890 NW 35th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paula Gutierrez	11420 Interchange Cir N	<input type="checkbox"/> Add
		Miramar, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria E Loscalzo	11420 Interchange Cir N	<input type="checkbox"/> Add
		Miramar, FL 33025	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

