

41000127981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

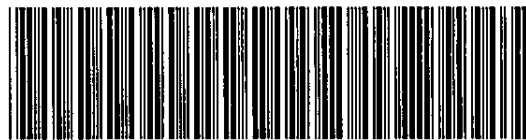
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE-FLORIDA

JAN 02 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2013

ALBERTO N. MORIS, P.A.
MORIA & ASSOCIATES
8700 WEST FLAGLER STREET, SUITE 120
MIAMI, FL 33174

SUBJECT: JW AVIATION LLC
Ref. Number: L11000127981

We have received your document for JW AVIATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 813A00027993

SECRETARY OF STATE
ALEXANDER S. FERRELL
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JW AVIATION 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:

Alberto N. Moris, P.A.

Name of Person

MORIS & ASSOCIATES

Firm/Company

8700 West Flagler Street, Suite 120

Address

Miami, FL 33174

City/State and Zip Code

amoris@anmpa.com

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

For further information concerning this matter, please call:

Alberto N. Moris

Name of Person

at **305 559-1600**

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**

JW AVIATION 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 11-9-2011 and assigned Florida document number L11000127981.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

MORIS & ASSOCIATES

New Registered Office Address:

8700 West Flagler Street, Suite 120

Enter Florida street address

Miami

Florida

33174

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.


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:

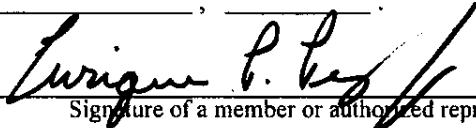
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carlos A. Sanchez	14050 SW 84 ST, Suite 201	<input type="checkbox"/> Add
		Miami, FL 33177	<input checked="" type="checkbox"/> Remove
MGRM	Enrique Perez	8700 W Flagler Street, Ste 120	<input checked="" type="checkbox"/> Add
		Miami, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)

Dated November 22, 2013



Signature of a member or authorized representative of a member

Enrique Perez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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