

L15000107442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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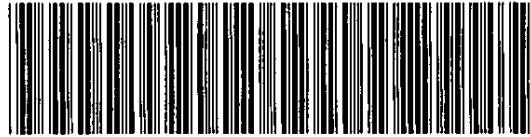
(Business Entity Name)

(Document Number)

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AUG 07 2015

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

KCV Aviation Consultants, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Karina Centeno

\_\_\_\_\_  
Name of Person

c/o Crosslake Investment Group, LLC

\_\_\_\_\_  
Firm/Company

399 NW 2nd Street - Suite 210

\_\_\_\_\_  
Address

Boca Raton, FL 33342

\_\_\_\_\_  
City/State and Zip Code

karina.centeno@gmail.com

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

For further information concerning this matter, please call:

Karina Centeno

954

805-7100

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**TO  
ARTICLES OF ORGANIZATION  
OF**

KCV Aviation Consultants, 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 June 19, 2015 and assigned  
Florida document number L15000107442.

This amendment is submitted to amend the following:

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

Amairex, 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

399 NW 2nd Ave - Suite 210

Boca Raton, FL 33342

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

399 NW 2nd Ave - Suite 210

Boca Raton, FL 33342

**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:

New Registered Office Address:

399 NW 2nd Ave - Suite 201

*Enter Florida street address*

Boca Raton

, Florida

33342

*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**

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	John Buanno	399 NW 2nd Ave - Suite 210	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33342	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mike Viscosi	399 NW 2nd Ave - Suite 210	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33342	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FACILITY OF STATE  
ALL ASSETS, FLORIDA

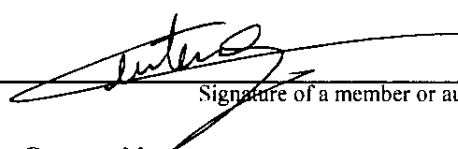
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 July 28, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Karina Centeno, Manager  
\_\_\_\_\_  
Typed or printed name of signee