

L110000033012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

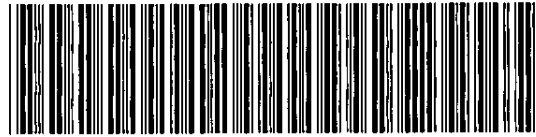
(Document Number)

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--01003--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

RECEIVED  
2017 APR 12 PM 4:19  
TAMARA S. J. JONES

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



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

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>
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MGR	EDGAR CAICEDO		<input type="checkbox"/> Add
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		6043 NW 167 STREET A16, MIA	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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MGRM	CAMILA SIERRA	6043 NW 167 STREET A.16 ,MIA	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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2011 APR 2 4:10:28  
SOUTH DAKOTA  
TALLAHASSEE, FLORIDA

FILED

