

LII 0000 330 12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

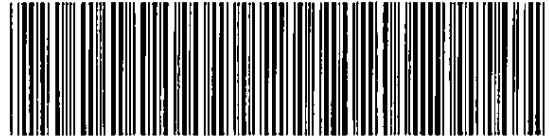
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500422178725

01/25/24--01028--005 **55.00

FILED
2024 JAN 25 AM 11:03
NOTARIAL PUBLIC
STATE OF NEW YORK

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

AVIATION INTERNATIONAL SOLUTIONS

Firm/Company

6043 NW 167 STREET A16

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

786

2466601

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

AVIATION INTERNATIONAL SOLUTIONS LLC

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>
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input 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

2021 JAN 25 AM 11:03
STATE OF NEW YORK
DEPARTMENT OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE III

The purpose for which this Limited Liability Company is:

Buy & Sell any spares of aircraft and Helicopters

Repair and Maintenance any component and accessory of Aircraft and Helicopter

Buy and Sell Aircraft and Helicopters

and all Lawfull business.

2024 JAN 25 AM 11:03
STATE OF FLORIDA
TALLAHASSEE, FL

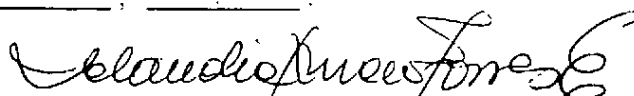
E. Effective date, if other than the date of filing: _____ (optional)

(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 MIAMI LAKES, FLORIDA 1/23/2024



Signature of a member or authorized representative of a member

PRESIDENT

Typed or printed name of signee