

LD3 0000 16464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

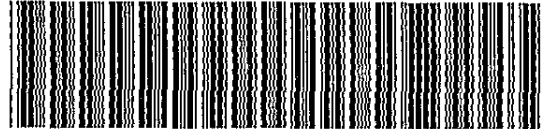
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400061558954

11/22/05--01004--004 \*\*30.00

05 NOV 21 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLECOR, 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:

FREDDY ALEQUIN

(Name of Person)

NATIONAL ACCOUNTING AND MANAGEMENT, LLC.

(Firm/Company)

P.O. Box 677642

(Address)

ORLANDO, FL. 32867-7642

(City/State and Zip Code)

For further information concerning this matter, please call:

FREDDY ALEQUIN

(Name of Person)

at ( 407 ) 383-0057

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 21 PM 4: 01

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BLECOR, LLC.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on May 7, 2003 and assigned  
document number L03000016464

**SECOND:** This amendment is submitted to amend the following:

Article I: Name of Limited Liability Company to:

Airparts Spares International, LLC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 21 PM 4:01

FILED

Dated November 19, 2005



Signature of a member or authorized representative of a member

Carlos E. Rincon, Mgr.

Typed or printed name of signee