124000H570H

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only

G. MCLEOD

JUL - 9 2012

EXAMINER



200237096192

07/06/12--01010--001 **25.00

12 JUN-6 PM 4: 11

JECONE FARY OF STATE
ALLAHASSEF, FLORING

COVER LETTER

Division of C	orporations						
SUBJECT:	AV ⁻	TECH LLC					
	Name of Limi	Name of Limited Liability Company					
•							
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
		UMESH PATEL					
		Name of Person					
		AVTECH LLC					
	Firm/Company						
	36	3001 ALOMA AVENUE					
		Address					
	WII	WINTER PARK, FL 32792					
•	City/State and Zip Code						
	meshmco@aol.com E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please of		nottication)				
U	MESH PATEL	at (_407_)	379 1000				
_ Name	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 encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section

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

	AVTECH					
(<u>Na</u>	me of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	s on our records.)			
The Articles of Organization f	06/17/2004	and assigned				
Florida document number	L04000045704					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited liabil	ity company here	2:			
The new name must be distingui "L.L.C."	shable and end with the words "Limite	ed Liability Compar	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices a	nddress, if applicable:					
(Principal office address MUS	ST BE A STREET ADDRESS)			-		
			٦٠ <u></u>			
			Ä			
Enter new mailing address, i	if applicable:			5		
(Mailing address MAY BE A	POST OFFICE BOX)			9 3 11		
			0,0			
			IDA	<u> </u>		
	ered agent and/or registered offi new registered office address here:		ur records, <u>enter t</u> l	ne name of the new		
	To a second control and the second control an	•				
Name of New Regist	tered Agent:					
New Registered Offi	ce Address:					
 _		Ente	er Florida street addi	ess		
		, Florida				
		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 Title <u>Name</u> **Address Type of Action** MGRM UMESH PATEL ☑ Add ☐ Remove 3001 ALOMA AVENUE WINTER PARK, FL 32792 Add 🔲 Remove ☐ Add Remove ☐ Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member **VIPUL PATEL** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00