## L05000023310

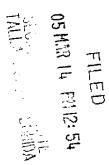
(Re	questor's Name)	
(Add	dress)	•
(Add	dress)	
(City	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400044114314

03/14/05--01068--014 \*\*30.00





## TRANSMITTAL LETTER

	IKANSI	HITAL LETTER	
TO: Registration Se Division of Cor			
SUBJECT: AVION AL	LIANCE, LLC		
	(Name of Li	mited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
<u>.</u>	Robert C. Owens		
	(	Name of Person)	
Rober	t C. Owens, P.A.		
	(	Firm/Company)	
6630 SW	50th Terrace		
		(Address)	
Mia	ımi, FL 33155		OS TALL
	(City	/State and Zip Code)	A F
For further information	concerning this matter, please	call:	OS MAR 14 PM 12: 54  63 e Telephone Number 11: 54
Bob Owens		at ( 305 ) 669 926	63
	(Name of Person)	(Area Code & Daytime	e Telephone Number 5
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AVION ALLIANCE, LLC		
	(Present Name) (A Florida Limited Liability Company)	

The Articles of Organization were filed on March 8, 2005 document number 700047960937 L0500023370FIRST:

\_\_\_ and assigned

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited

liability company:

Article I is amended to provide:

The name of the Limited Liability Company is Aviation Alliance, LLC.

Article III is amended to provide:

The mailing address of the Limited Liability Company is: P.O. Box 59-1796, Miami Springs, FL 33159-1796.

Dated March 11 Signature of a member or authorized representative of a member Robert C. Owens, Authorized Representative of Member

Typed or printed name of signee

Filing Fee: \$25.00