

L05000106196

(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



400162607014

12/02/09--01006--019 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 DEC -2 PM 12:43

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 PM 1:55

B. KOHR

DEC - 2 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida West
Technical
Services, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 PM 1:55

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ☒ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by _____

Name _____

Date 12-2

Time AM

Walk-In _____

Will Pick Up _____

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

FLORIDA WEST TECHNICAL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 PM 1:55

The Articles of Organization for this Limited Liability Company were filed on November 1, 2005 and assigned
Florida document number L05000106196.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1801 NW 66th Avenue, Building 709

(Principal office address MUST BE A STREET ADDRESS)

CSU#2, 2nd Floor

Miami, FL 33122

Enter new mailing address, if applicable:

c/o Legal Department, N.A.

(Mailing address MAY BE A POST OFFICE BOX)

6500 NW 22nd Street

Miami, FL 33122

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:

New Registered Office Address:

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mansour Rasnavad	P.O. Box 025752 Miami, FL 33102-5752	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Philip Frazier	P.O. Box 025752 Miami, FL 33102-5752	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Prime Airport Services, Inc.	6450 NW 22nd Street Building 710 Miami, FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Effective Date of all Changes in this Form: December 1st, 2009.

Dated December 1, 2009


Signature of a member or authorized representative of a member

Javier Luck (authorized representative of Prime Airport Services, Inc.)

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00