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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS
FEB - 5 2013
EXAMINER

## **COVER LETTER**

то:	Registration Secti Division of Corpo		un vy	ν,		•		***	
SUBĴE	ст:	D.S.	Air a	imited Lia	CUN F1 bility Compan	<u>cight</u>	LLC		
The end	closed Articles of An	nendment ar	nd fee(s) are	submitted	for filing.				
Please	return all correspond	ence concer	ning this ma	tter to the	following:				
•			Juliar	7 M	onter	٥			
					VOIKOV Firm/Company				
			1441 r	3rice	ell AV Address	e, 15th	. Flo	01	
			Mami	, FL City/	33 13 State and Zip C	31 ode O WOIX			
		Jm	onten E-mail addres	s: (to be us	Montes ed for future and	nual report notific	-OV · (	<u>S</u>	
For fur	ther information con	cerning this	matter, pleas	se call:					
	Name of Po	ontar erson	0		at ( 305 Area	Code & Daytime	17-7 Telephone	Number	
Enclose	ed is a check for the	following ar	nount:						
<b>z \$</b> 25	.00 Filing Fee	□\$30.00 Fi Certific	iling Fee & cate of Statu		55.00 Filing F Certified Cop (additional co		(	0.00 Filing Fee, Certificate of Sta Certified Copy additional copy	itus &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



A.D.S. Air	ocean Freig	1 L L 2013 FEB - 4 AM 10: 46  Ars on our records.)
(Name of the Limited I (A)	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on	DU OU O ( and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company he	ere:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	"ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:	Julian Mont	evo Esq.
New Registered Office Address:	1441 Bridger	AV CISTH Floor Inter Florida street address
		Florida 33131 Zip Code
New Registered Agent's Signature, if changing Re	·	Zip Code

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, like they confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Man		FILED STATE SECRETARY OF STATE SECRETARY OF CORPORATIONS				
<u>Title</u>	<u>Name</u>	Address 2013 FEB -4 AM 10: 46	Type of Action			
MGRM	Ana Maria - Mazza-Brinkjensen	11155 NW 33rd street	Add			
		Poral, FL 33172	Remove			
			Add			
		·	Add			
			Remove			
			_			
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DIVISION OF C	.ED <u>Y OF</u> STATE ORPORATION
2013 FEB - 4	AM 10: 46
<u>, 2013</u> .	<u> </u>
ttorney in Fact	
	ture of a member or authorized representative of a member

Filing Fee: \$25.00