

L06000106664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

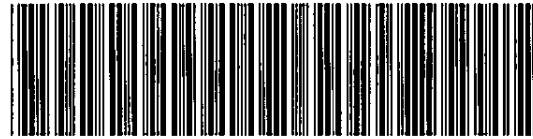
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**AVIOR AIRLINES SERVICES LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**LUIS SUAREZ**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**7500 NW 25TH ST UNIT 1 A**

\_\_\_\_\_  
Address

**MIAMI FL 33122**

\_\_\_\_\_  
City/State and Zip Code

**henriquezm@avior.com.ve**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Luis Suarez**

**305 4702203**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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 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

TO  
ARTICLES OF ORGANIZATION  
OF

AVIOR AIRLINES SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/02/2006 and assigned  
Florida document number L06000106664.

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:

7500 NW 25TH ST UNIT 1 A

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI FLORIDA 33122

Enter new mailing address, if applicable:

7500 NW 25TH ST UNIT 1 A

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI FLORIDA 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 605, 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**

**Authorized Member being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VICTOR RUIZ	7500 NW 25TH ST UNIT 1 A	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33122	<input type="checkbox"/> Remove
MGRM	LUIS SUAREZ	7500 NW 25TH ST UNIT 1 A	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33122	<input type="checkbox"/> Remove
MGRM	JORGE ANEZ DAGER	7500 NW 25TH ST UNIT 1 A	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33122	<input type="checkbox"/> Remove
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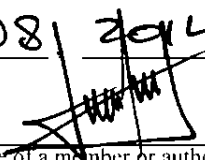
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07/08/2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LUIS SANCHEZ

\_\_\_\_\_  
Typed or printed name of signee

FILED  
JUL 10 2014