

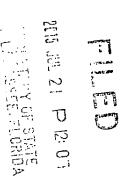
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COVER LETTER

TO: Registration So Division of Co	ection rporations		
AVIOR AI SUBJECT:	RLINES SERVICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luis Suarez		
		Name of Person	
		Firm/Company	
	7500 Nw 25th St unit 1A		
		Address	<u> </u>
	Miami Florida 33122		
	henriquezm@avior.com.ve	City/State and Zip Code	
		to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please co	all:	
Luis Suarez		305 4702203	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIOR AIRLINES SERVICES, ELIC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L06000106664	ity Company were filed on	2/2006 ar	nd assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	ignation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
registered agent and/or the new registered office Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florid	la street address	
		Florida	
_	City	, Florida Zip	Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of n ed agent as provided for in Cl stered office address. I hereby	ny duties, and I am familia napter 605, F.S. Or, if this	r with and document is
		: !	
	If Changing Registered Age	nt, <u>Signature of New Registered</u>	Agent
	Page 1 of 3	The second secon	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUIS SUAREZ	7500 NW 25TH ST UNIT 1A	□ Add
		MIAMI FL 33122	■ Remove
			☐ Change
Manager	LUIS A SUAREZ M	7500 NW 25TH ST UNIT 1A	Add
		MIAMI FL 33122	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			_ Change
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			☐ Remove
			Change
			□ Add □ Removes □ Change

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ective date, if other than n effective date is listed, the da te: If the date inserted in t cument's effective date on record specifies a del 'he 90th day after the	te must be specific ar his block does not the Department of layed effective	nd cannot be prior to meet the applicabl State's records. date, but not a	date of filing or more e statutory filing re	quirements, this	filing.) Purs date will r	not be list	ed as
		2015					
JULY 13TH		.,	•				
JULY 13TH ted		Jahr					
JULY 13TH ted	Signature of a	member or hundriz	ed representative of a	ı member		Constitution of the consti	uaree
JULY 13TH ted LUIS SUAREZ	Signature of a	T	1	n member			LINETELLI
ted	Signature of a	Typed or printed r	1	a member		euri Cag	LINETHING L. ESSENIE L. ESSE
ted	Signature of a	T	1	a member	100 May 200 Ma	Can Late	Lacronia L. Scotte - Scotte

Filing Fee: \$25.00