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SECRETARY OF STATE

J. BRYAN

DEC 1 8 2012

**EXAMINER** 

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## AERO PARTS MANAGEMENT, LLC

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:

#### **XAVIER INTRIAGO**

Name of Person

### AERO PARTS MANAGEMENT, LLC

Firm/Company

#### 13321 SW 135TH AVENUE

Address

## MIAMI, FLORIDA 33186

City/State and Zip Code

#### XAVIER@AEROPARTSMANAGEMENT.COM

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

For further information concerning this matter, please call:

#### XAVIER INTRIAGO

305<sub>677-2171</sub>

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

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

AERO PARTS MANAGEMENT, LI		our records )
( <u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on MARC	H 14, 2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		THE THE
(Principal office address MUST BE A STREET ADDR.	ESS)	A A A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		F.F.LORDE
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	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>	Address 1	Type of Action
MGRM	ALEYDA D. CALDERA	13321 SW 135TH AVENUE	Add
		MIAMI, FLORIDA 33186	Remove
•			-
MGRM	XAVIER INTRIAGO	13321 SW 135TH AVENUE	Add
		MIAMI, FLORIDA 33186	Remove
MGR	PAOLA INTRIAGO	13321 SW 135TH AVENUE	Add
<del></del>		MIAMI, FLORIDA 33186	Remove
		TAL	2012
<del></del>		LAHASSI	Ad Remove
		TO T	E 10
		Dr.	Add
		· 	Remove
			Add
			Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted <u>    4</u>	DECEMBER 2012
_	Signature of a member or authorized representative of a member
_	Xavier Horrigao
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED 2012 DEC 17 AM 7: 47 SECRETARY OF STATE