

L09000005503

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
May 6, 2009  
EXAMINER

No \$

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EASTERN FLORIDA AVIATION SERVICES 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:

ALEJANDRO PADILLA

(Name of Person)

EASTERN FLORIDA AVIATION SERVICES LLC

(Firm/Company)

7650 WESTWOOD DR UNIT 505

(Address)

TAMARAC FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

AUGUSTO J M GOMEZ

(Name of Person)

at ( 954 ) 245-6953

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2009

ALEJANDRO PADILLA  
EASTERN FLORIDA AVIATION SERVICES LLC  
7650 WESTWOOD DR UNIT 505  
TAMARAC, FL 33126

SUBJECT: EASTERN FLORIDA AVIATION SERVICES LLC  
Ref. Number: L09000005503

We have received your document for EASTERN FLORIDA AVIATION SERVICES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 509A00013206

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 MAY -4 PM 3: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EASTERN FLORIDA AVIATION 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 JANUARY 16, 2009 and assigned  
Florida document number L09000005503.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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	AUGUSTO J M GOMEZ	1351 SW 121ST AVE BLDG 103	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/>
			<input 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

*Alejandro Padilla*

Signature of a member or authorized representative of a member

ALEJANDRO PADILLA

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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