

609000079580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

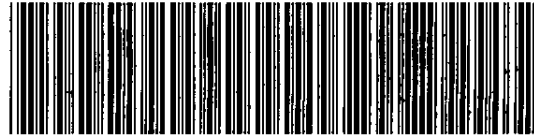
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800161444978

10/16/09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 16 AM 10:36

FILED

M. THOMAS
OCT 19 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AEROTRANS INTERNATIONAL 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:

DEBORAH REID

Name of Person

AEORTRANS INTERNATIONAL LLC

Firm/Company

6860 GULFPORT BLVD S SUITE 315

Address

SOUTH PASADENA, FL 33707

City/State and Zip Code

admin@aerotransinternational.com

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

FILED
2009 OCT 16 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEBORAH REID

Name of Person

at (813)

447-1547

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**

AEORTRANS INTERNATIONAL 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 08/18/2009 and assigned
Florida document number L09000079580.

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)

FILED
2009 OCT 16 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DEBORAH REID

New Registered Office Address:

6860 GULFPORT BLVD S SUITE 315

Enter Florida street address

SOUTH PASADENA

Florida

33707

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.

[Signature]
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

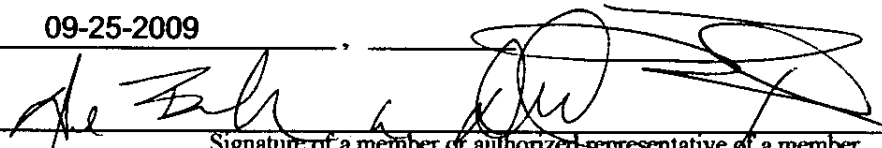
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	DEBORAH REID	6860 GULFPORT BOULEVARD SOUTH SOUTH PASADENA FL 33707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JUANS CONSULTING INT	6860 GULFPORT BOULEVARD S SU SOUTH PASADENA FL 33707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	JUANS CONSULTING INT	6860 GULFPORT BOULEVARD SOUTH SOUTH PASADENA FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DEBORAH REID	6860 GULFPORT BOULEVARD SOUTH SOUTH PASADENA FL 33707	<input checked="" 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

FILED
2009 OCT 16 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 09-25-2009


Signature of a member or authorized representative of a member
Deborah A. DONALD-REID
Typed or printed name of signee