

LO9 000094295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

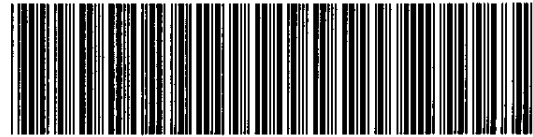
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800210809008

08/08/11--01033--008 \*\*25.00

2011 AUG - 8 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

AUG - 9 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: AIRPLANE SUPPLY AND SERVICE, 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:

DIANA JELEN

Name of Person

JELEN ACCOUNTING SERVICES, INC.

Firm/Company

8181 NW 36TH STREE, SUITE 6A

Address

DORAL, FL. 33166

City/State and Zip Code

JELENACCOUNTINGSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

DIANA JELEN

Name of Person

at ( 305 )

591-9180

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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

2011 AUG - 8 AM 10:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**AIRPLANE SUPPLY AND SERVICE 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 09-29-2009 and assigned  
Florida document number L09000094295.

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  
2011 AUG -8 AM 10:09  
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:

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>
MGR	ERICA SANDREA	7084 NW 50TH STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WILLIAM POSADA S	7084 NW 50 STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALEXANDRA POSADA S	7084 NW 50 STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	ERICA SANDREA	7084 NW 50 STREET MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	WILLIAM POSADA S	7084 NW 50 STREET MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TD	ALEXANDRA POSADA S	7084 NW 50 STREET MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated August 5, 2011

Signature of a member or authorized representative of a member

ERICA SANDREA

Typed or printed name of signee