

From:

05/25/2017 14:58

#767 P.001/004

Division of Corporations

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U0000334/35

Florida Department of State
Division of Corporations
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((H17000143102 3)))



H170001431023ABCT

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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305) 444-0101
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Bmuraie@WBM.com

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G1307, LLC**

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

Fax audit No. H17000143102 3

G 1307 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 March 26, 2012 and assigned Florida document number L10000033435.

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 contain 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)

2665 South Bayshore Drive

Suite 302

Coconut Grove, Florida 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2665 South Bayshore Drive

Suite 302

Coconut Grove, Florida 33133

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:

Murai Wald Biondo & Moreno PLLC

New Registered Office Address:

2121 Ponce de Leon Boulevard, Suite 600

Enter Florida street address

Coral Gables

Florida 33134

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 605, 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

From:

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#767 P.003/004

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Airplane International Holdings, Inc.	2665 S. Bayshore Dr., Suite 302	<input checked="" type="checkbox"/> Add
		Coconut Grove, Florida 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mourad, Wilson	1643 Brickell Avenue, Apt. 4601	<input type="checkbox"/> Add
		Miami, Florida 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Zundel, Natan	17038 W. Dixie Hwy, Suite 210	<input type="checkbox"/> Add
		North Miami Beach, Fl. 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fraga, Alexander W.	2665 S. Bayshore Drive, Suite 301	<input type="checkbox"/> Add
		Coconut Grove, Fl. 33135-5402	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated May 25 / 2017

Signature of a member or authorized representative of a member

Rene V. Murai, attorney for Member

Typed or printed name of signee