

L10000037569

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

FILED
15 FEB -5 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
15 FEB -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AEROCAR MAINTENANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AEROCAR MAINTENANCE, 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:

MARTIN REYES

Name of Person

SILVAS FINANCIAL SERVICES LLC

Firm/Company

5220 S UNIVERSITY DR ST C-102

Address

DAVIE , FL 33328

City/State and Zip Code

ACCOUNTING3@SILVASFINANCIALSERVICES.COM

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

For further information concerning this matter, please call

HECTOR E. VAZQUEZ

at ()

954

802 8418

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

AEROCAR MAINTENANCE, 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 04/07/2010 and assigned Florida document number L10000037569.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARTA E GUZMAN LLC

The new name must be distinguishable and end with the words "limited liability company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florick's street address

City

Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

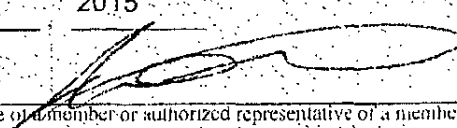
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR E VAZQUEZ	535 NW 165 AVENUE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Remove
MGR	MARTA E GUZMAN	535 NW 165 AVENUE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33028	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: JANUARY 31 2015


Signature of a member or authorized representative of a member

HECTOR E. VAZQUEZ

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB - 5 PM L: 50

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Filing Fee: \$25.00