

L10000076870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

3:25pm DEC 5 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: *Avocet 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:



Keith D. Hackenberg, Esq.
Name of Person

Firm Company

PO Box 571009
Address

Orlando, FL 32857
City State and Zip Code

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

For further information concerning this matter, please call:

Keith Hackenberg
Name of Person

at (*321*) *578-8956*
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

Avocat 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 7/15/2010 and assigned Florida document number L10000076870.

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 "LLC."

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)

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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:

Patricia Arellano Sr.

New Registered Office Address:

2551 Hellcat Lane

Enter Florida street address

Sanford
City

Florida

32773
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.

John Arellano
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


Title	Name	Address	Type of Action
MGRM	Arellano, Michael A	2551 Hellcat Lane	<input type="checkbox"/> Add
		Sanford, FL 32773	<input checked="" type="checkbox"/> Remove
MGR	Arellano, Patricia F JR	2551 Hellcat Lane	<input type="checkbox"/> Add
		Sanford, FL 32773	<input checked="" type="checkbox"/> Remove
MGRM	Arellano, Rosa	2551 Hellcat Lane	<input checked="" type="checkbox"/> Add
		Sanford, FL 32773	<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

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

Title for Arellano, Patricio A SR should be
"MGRM".

Dated _____


Signature of a member or authorized representative of a member

PATRICIO ARELLANO PRESIDENT/CEO
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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