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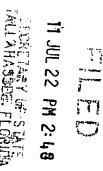
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EXAMINER



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COVER LETTER

TO: Registration S Division of Co							
SUBJECT:	International A	Airline Solutions LLC					
	Name of Lim	ited Liability Company					
	f Amendment and fee(s) are sultoned ondence concerning this matter	_					
•	•	J					
		Stella Esquivel					
		Name of Person					
	International Airline Solutions LLC						
		Firm/Company					
	15016 SW 90th Street						
		Address					
	Miami, FL 33196						
		City/State and Zip Code					
	gina@internationalairlinesolution.com E-mail address: (to be used for future annual report notification)						
For further information of	concerning this matter, please of	call:					
0.1			005.4700				
	ella Esquivel	at (305) Area Code & Daytim	385-4722 re Telephone Number				
		·	•				
Enclosed is a check for t	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	ING ADDRESS:	STREET/COUR					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Interi	national Airlin	ne Solutions	LLC		
(Name of the Limite (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on	March 14, 201	1 and as	signed
Florida document numberL1100003	1749				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company he	e <u>re</u> :		
The new name must be distinguishable and end w	'6 d		22 41 - 4 - 1 - 21 - 21	"I I C" th-	
The new name must be distinguishable and end w "L.L.C."	ith the words Limi	ited Liability Com	pany, the designation	I LLC or the	abbreviano
Enter new principal offices address, if appli	cable:	15016 SW 9	00th Street	77	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 3	3196		
					2]
				2 8 -	y
Enter new mailing address, if applicable:		15016 SW 9	00th Street	PR PR	1 ()
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 3	3196	2 × ×	- Carriera de la carriera del carriera de la carriera del carriera de la carriera del la carriera de la carrier
				ਨ੍ਹਾਂ 🐯	
B. If amending the registered agent and registered agent and/or the new registered of	_		our records, <u>ente</u>	r the name	of the nev
Name of New Registered Agent:	Stella Esqui	ivel		 	
New Registered Office Address:	15016 SW 90th Street				
	Enter Florida street address				
		Miami	, Florida .	3319	16
		City		Zip Cod	le
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. Stella Esquivel
If Changing Registered Agent, Stenature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Maria Garrido	15 Lisa Court Nesconset, NY 11767	Add ☑ Remove
MGRM_	Carlos Palacios	1170 Sorrento Drive Weston, FL 33326	Add ✓ Remove
MGRM	Stella Esquivel	15016 SW 90th Street Miami, FL 33196	Add Remove
MGRM	Freddy Garcia	82-63 88th Place Glendale, NY 11385	✓ Add Remove
			Add Remove
·····			Add Remove
D. If amend	ing any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	_
 Dated	June 13,	2011	
	51	Ella Esquivel	
	Signature of	of a member or authorized representative of a member	
		Stella Esquivel Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00