

L11000031749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** International Airline Solutions 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:

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 concerning this matter, please call:

Stella Esquivel

Name of Person

at ( 305 )

385-4722

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**

International Airline Solutions 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 14, 2011 and assigned Florida document number L11000031749.

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)**

15016 SW 90th Street

Miami, FL 33196

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

15016 SW 90th Street

Miami, FL 33196

**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:

Stella Esquivel

New Registered Office Address:

15016 SW 90th Street

*Enter Florida street address*

Miami

Florida

33196

*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.*

Stella Esquivel

**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>
MGRM	Maria Garrido	15 Lisa Court Nesconset, NY 11767	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carlos Palacios	1170 Sorrento Drive Weston, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Stella Esquivel	15016 SW 90th Street Miami, FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Freddy Garcia	82-63 88th Place Glendale, NY 11385	<input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 13, 2011

Stella Esquivel  
Signature of a member or authorized representative of a member

Stella Esquivel  
Typed or printed name of signee