L11000053209

FROM :PRO ACCOUNTING FAX NO. [illegible] 08:56 AM P1

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : PRO ACCOUNTING AND FINANCIAL SOLUTIONS, INC.
Account Number : I20080000107
Phone : (954)667-0673
Fax Number : (954)667-0674

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

Email Address: _____

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12 DEC 10 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMAZON AIR AVIATION, LLC

Certificate of Status	0
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B. BOSTICK
DEC 11 2012
EXAMINER
12/7/2012

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMAZON AIR AVIATION, 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 06/07/2012 and assigned Florida document number L11000055209.

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)

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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.

_____
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
MGR	WARLEY VITAL	671 CYPRESS LAKE BLVD APT # B POMPANO BEACH, FL 33064	☐ Add ☑ Remove
MGR	CARLOS BARRETO	4100 NORTH POWERLINE ROAD SUITE # 14 POMPANO BEACH, FL 33073	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

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

Dated 12-7-2012

Signature of a member or authorized representative of a member

FRANKLEY RIZERIO DE ALMEIDA

Typed or printed name of signee

Filing Fee: $25.00

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