

L11000089824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

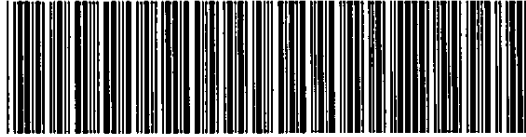
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/21/15--01004--009 **25.00

FILED
15 OCT -6 AM 11:24
09/21/2015 07:14:15
09/21/2015 07:14:15

[Handwritten signature]
10/6/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2015

BEST QUICK TAX RETURNS
ATTN: JASMINE RODRIGUEZ
320 S. BUMBY AVE STE 10
ORLANDO, FL 32803

SUBJECT: SOLUTIONS AVIATION, LLC
Ref. Number: L11000089824

We have received your document for SOLUTIONS AVIATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 215A00020406

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLUTIONS AVIATION, 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:

JASMINE RODRIGUEZ

Name of Person

BEST QUICK TAX RETURNS

Firm/Company

320 S BUMBY AVE STE 10

Address

ORLANDO FL 32803

City/State and Zip Code

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

For further information concerning this matter, please call:

JASMINE RODRIGUEZ at 407 896-7921
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

SOLUTIONS 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 08/04/2011 and assigned
Florida document number L11000089824

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2465 SE WITHAM FIELD DRIVE

HANGAR #5 SUITE #1

STUART FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2465 SE WITHAM FIELD DRIVE

HANGAR #5 SUITE #1

STUART FL 34996

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

CARLOS A ERIZZI BENEVIDES

New Registered Office Address

2465 SE WITHAM FIELD DRIVE HANGAR #5 SUITE #1

(Enter street address only)

STUART

Florida 34996

City

Post 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 relating 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. By filing this document
being filed to merely reflect a change in the registered office address, I hereby release the prior 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

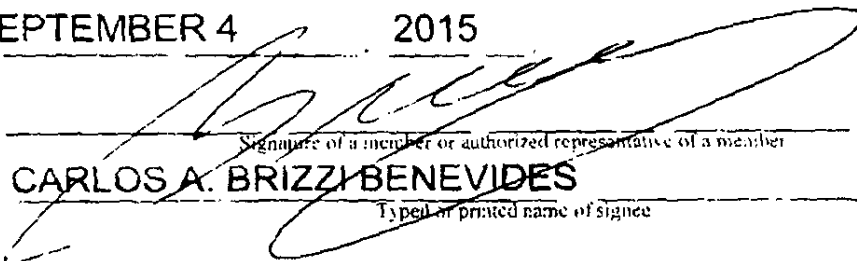
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS A. BRIZZI BENEVIDES	2465 SE WITHAM FIELD DRIVE	☒ Add
		HANGAR #5 SUITE #1	☐ Remove
		STUART FL 34996	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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 SEPTEMBER 4 2015



Signature of a member or authorized representative of a member
CARLOS A. BRIZZI BENEVIDES

Typed or printed name of signee