

L11000113252

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000235658 3)))



H120002356583ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : *Ana M. Sanz* AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP
Account Number : I20070000136
Phone : (305) 779-3564
Fax Number : (305) 779-3561

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

Email Address: ASanz@dehmf.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATOM AVIATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
12 SEP 27 AM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO. H12000235658 3

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

FILED
12 SEP 27 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATOM 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 _____ and assigned
Florida document number L11000113252.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

Interamerican Corporate Services LLC

New Registered Office Address:

2525 Ponce de Leon Blvd., Suite 1225

Enter Florida street address

Coral Gables

, Florida

33134

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

FAX AUDIT NO. H12000235658 3

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	Santos Luis Cedeno	1001 Brickell Avenue Suite 3104 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Hans J. Tetzner	1001 Brickell Avenue Suite 3104 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Federico Wenzelmann	1001 Brickell Avenue Suite 3104 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" 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

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

N/A

Dated

September 26

2012

Signature of a member or authorized representative of a member

Eligio Cedeno

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FAX AUDIT NO. H12000235658 3

FILED
12 SEP 27 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA