111000/2798/

(Requesto	or's Name)
(Address)	
(Address))
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2013

ALBERTO N. MORIS, P.A. MORIA & ASSOCIATES 8700 WEST FLAGLER STREET, SUITE 120 MIAMI, FL 33174

SUBJECT: JW AVIATION LLC Ref. Number: L11000127981

We have received your document for JW 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00027993

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COVER LETTER

TO: Registration Se Division of Cor					
ON IN AN OWN	JW AVIA	ATION LLC			
SUBJECT:	Name of Limite	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Albe	rto N. Moris, P.A.			
•		Name of Person			
	MORIS	S & ASSOCIATES	3		
		Firm/Company			
	8700 West F	lagler Street, Su	ite 120		
		Address			
	Mi	ami, FL 33174			
		City/State and Zip Code		2013 A (5)	
		moris@anmpa.com	·	2018 OEC SEBBET ABERAHA	T.
	E-mail address: (to	o be used for future annual report notifical	ion)	TARY ASS	Contraction of the Contraction o
For further information	concerning this matter, please ca	all:		<u> </u>	
Alber	to N. Moris	at (305)559-160 Area Code & Daytime T	0	PM 3: OF:ST	
Name	of Person	Area Code & Daytime T	elephone Number	50 50 50	
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)	Certified	ate of Status &	

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

JW AVIAT			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000127981</u> .	were filed on	11-9-2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Euter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HE WHAT SEE SEE	28 DEC 26 PM
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter 3	\$ 00 D
Name of New Registered Agent:	МС	RIS & ASSOCIAT	ES
New Registered Office Address: 8700 West Flagler Street, Su			
	Miami	, Florida	33174
	City	, riorida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Carlos A. Sanchez	14050 SW 84 ST, Suite 20	1 Add
		Miami, FL 33177	Remove
MGRM	Enrique Perez	8700 W Flagler Street, Ste 12	O Add
		Miami, FL 33174	Remove
			Add
			Remove
		MERAH.	Add Remove
		SSEE FLORIER	28
			Remove
			Add
			_ Remove

) ld am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	·
Dated	November 22 , 2013
	Eurian P. her
	Signature of a member or authorized representative of a member
	Enrique Perez
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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