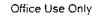
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COVER LETTER

 Divisio 	n of Corp	orations		
SUBJECT:	JW A	VIATION LLC		
30BJEC1		Name of Lin	ited Liability Company	
The enclosed Ar	rticles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
			Giacomo Bossa	
			Name of Person	
Moris & Associates				
	Firm/Company			
	3650 NW 82nd Ave., Suite 401			
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Giacomo Bossa Name of Person Moris & Associates Firm/Company 3650 NW 82nd Ave., Suite 401 Address Doral, FL 33166 City/State and Zip Code abermudez@anmpa.com E-mail address: (to be used for future annual report notification) ter information concerning this matter, please call: Giacomo Bossa Name of Person Area Code Daytime Telephone Number It is a check for the following amount: 00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Copy			
SUBJECT: The enclosed Artic Please return all cos For further informa			Doral, FL 33166	
			City/State and Zip Code	
		abe	rmudez@anmpa.com	
		h-mail address; (to be used for future annual report notif	ication)
For further infor	mation co	ncerning this matter, please c	all:	
	Giacom	o Bossa	at (305) 559-160	00
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		
⊠ \$25.00 Filin	g Fee		Certified Copy	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

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JW AVIATION LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	AND SALL
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000127981</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "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)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	street address
	Florida	Zip Code
New Registered Agent's Signature if changing Registered Agent:	•	The state

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Michael Mendez	3650 NW 82 Ave, 401	
		Miami, FL 33166	⊠ Remove
		•••	Change
<u>Mgr</u>	Adolfo Moreno	3650 NW 82nd Ave, Suite 407	B⊠ Add
		Doral , FL 33166	□ Remove
			Change
			BAdd
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lf an effectiv <u>Note:</u> If th	date, if other than the date of filing:	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies th day after the record is filed.	r of:
Dated	October, 20 2017	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00