

L12000053378

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 6 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAS Aviation Services, 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:

Ricardo E. Pines, Esq.

Name of Person

Ricardo E. Pines, P.A.

Firm/Company

3301 Ponce de Leon Blvd., Suite 200

Address

Coral Gables, Florida 33134

City/State and Zip Code

ricardo@repinespa.com

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

For further information concerning this matter, please call:

Ricardo E. Pines, Esq.

Name of Person

at ( 305 ) 4615757

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**

**FILED**  
14 JAN 23 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAS Aviation Services, 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 April 19, 2012 and assigned Florida document number L12000053378.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

c/o 3301 Ponce de Leon Blvd., Suite 200

Coral Gables, Florida 33134

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o 3301 Ponce de Leon Blvd., Suite 200

Coral Gables, Florida 33134

**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: Ricardo E. Pines, Esq.

New Registered Office Address: 3301 Ponce de Leon Blvd., Suite 200

*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 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 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>
MGR	Ricardo S. Sturno	5201 Blue Lagoon Dr.	<input type="checkbox"/> Add
		PH 912	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33126	
MGR/AMBR	Werner Guth	c/o 3301 Ponce de Leon Blvd.	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Coral Gables, Florida 33134	
			<input type="checkbox"/> Add
			<input 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

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))*

Dated January 6, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**