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SECRETARY OF STATE
FALLAHASSEE, FLORID.

J. Shilvers OCT 2 ~ 2014

COVER LETTER

TO:

Registration Section Division of Corporations



SUBJECT:

Aero Spares Group, 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:

Edgard Zambrano

Name of Person

The Genesis Firm LLC

Firm/Company

2500 NW 79th Avenue STE 169

Address

Doral, FL 33122

City/State and Zip Code

thegenesisfirm@hotmail.com

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

For further information concerning this matter, please call:

Edgard Zambrano

,786、401-7741

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

Aero Spares Group, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
ne Articles of Organization for this Limited Liabil orida document number L1200063003	ity Company were filed on 05/09/12	and assigned
is amendment is submitted to amend the followir	g:	
. If amending name, enter the new name of the	limited liability company here:	
e new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
nter new mailing address, if applicable:		<u> </u>
<u> (ailing address MAY BE A POST OFFICE BO</u>	<u></u>	
		··
If amending the registered agent and/or a	registered office address on our records, ente	r the name of the
gistered agent and/or the new registered office		r the name or the
		SEC.
Name of New Registered Agent:		[] C
New Registered Office Address:		7 Z
New Registered Office Address.	Enter Florida street address	<u> </u>
	, Florida	
_	City	= Zip Code
ew Registered Agent's Signature, if changing Regis	stered Agent:	医型 二

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>	Address	Type of Action
MGR	Related Concepts Corp	2485 W 76th St. STE 103, Hlaleah, FL 3301	6 □ Add
			Remove
AMBR	Alvaro Salim	7916 NW 66 ST, Miami, FL 33166	Add
			Remove
AMBR	Karen M. Arteta	7916 NW 66 ST, Miami, FL 33166	 S■ Add
			□ Remove
			_ Add ·
		20 F 6 > 2 	Remove
		SSTO	2
			_□ Add □ Remove
			_
			_□ Add
	•		_□ Remove
			_

Ownership interest:	
Alvaro Salim	80% ownership interest
Karen M. Arteta	20% ownership interest
ne effective date must be specific, cannot be prior to dat	te of receipt or filed date and cannot be more than 90 days after
he date this document is filed by the Florida Departmen October 15	te of receipt or filed date and cannot be more than 90 days after at of State)
the date this document is filed by the Florida Department oated October 15,	at of State)

Page 3 of 3

Filing Fee: \$25.00

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