

L12 0000 67003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

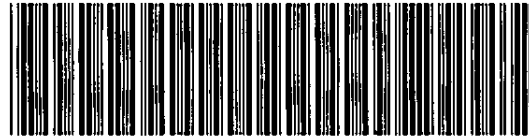
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. Shivers 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

Name of Person

at (786) 401-7741

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**Aero Spares Group, LLC**

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Zip Code

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	Related Concepts Corp	2485 W 76th St. STE 103, Hialeah, FL 33016	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Alvaro Salim	7916 NW 66 ST, Miami, FL 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Karen M. Arteta	7916 NW 66 ST, Miami, FL 33166	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Addition of Article V:

Ownership interest:

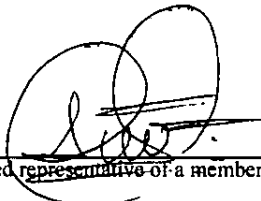
Alvaro Salim 80% ownership interest

Karen M. Arteta 20% ownership interest

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 15, 2014



Signature of a member or authorized representative of a member

Alvaro Salim

Typed or printed name of signee

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Filing Fee: \$25.00

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