

UADDD90820

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

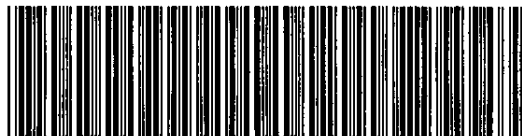
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2016

S. YOUNG

LAW OFFICES OF  
**RONNIE ADILI, P.A.**  
A PROFESSIONAL ASSOCIATION

5645 CORAL RIDGE DRIVE, #292  
CORAL SPRINGS, FLORIDA 33076

PHONE: 954-551-6107  
FACSIMILE: 954-234-2926  
Email: radililaw@gmail.com

February 11, 2016

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Name Change for Sun Splash Aviation LLC

Dear Sir or Madam:

Enclosed please find two copies of the Articles of Amendment to Articles of Incorporation for Sun Splash Aviation LLC requesting a name change of the limited liability company to Sunsplash Aviation LLC to correct the scrivener's error that was made when the limited liability company was initially formed along with a check for \$60.00 representing the filing fee, certificate of status and certified copy. A stamped envelope has been enclosed for you to return the above-referenced documents to me as well as a stamp copy of the Articles of Amendment.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,



**RONNIE ADILI**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Name Change for Sun Splash Aviation 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:

Ronnie Adili

Name of Person

Ronnie Adili, P.A.

Firm/Company

5645 Coral Ridge Drive, #292

Address

Coral Springs, FL 33076

City/State and Zip Code

garba@attglobal.net

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ronnie Adili, Esq.

954

551-6107

at ( )

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**

Sun Splash Aviation 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 July 11, 2012 and assigned  
Florida document number L12000090820

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sunsplash Aviation LLC

The new name must be distinguishable and contain 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)**

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

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

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**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

10 FEB 18 PM 4  
SECRETARY OF STATE  
TALLAHASSEE FL 32304


10 FEB 10 PM 4:40  
SECRETARY OF STATE  
WASHINGTON, D.C.

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 11 2016

February 11 2016



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Rolando Garbalosa**

Typed or printed name of signee