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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER'LETTER

TO: Registration Solution of Co.			
Fiber Option SUBJECT:	c Aviation, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	-	
riease return an correspo	ondence concerning this matter	to the following:	
	Benjamin L. Nemser		
		Name of Person	
	Fiber Optic Aviation LLC		
		Firm/Company	
	12240 NE 14th Ave	Address	
	N Miami, FL 33161	Addiess	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	ben@flycatalina.com		
For further information of	E-mail address: (concerning this matter, please c	(to be used for future annual report notification)	ZOIS DEC ILU SECRETARY
Benjamin L. Nemser		305 892-1500	ASS.
Name o	of Person	at ()	
Enclosed is a check for t	he following amount:		705 43
\$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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fiber Optic Aviation LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on July 16, 2012	and assigned
Florida document number L12000091450		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.2
(Principal office address MUST BE A STREET ADDRESS)		
		W
		SER - M
Enter new mailing address, if applicable:		THE PLANT OF THE PROPERTY OF T
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	COT #
		हाल क
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	rs -
		orida
	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>	Type of Action
MGR	MTC Aviation, LLC	97 NE 15th Street	<u></u> ■ Add
		Homestead, FL 33030	□ Remove
			Change
			Add
			□ Remove
	•		□ Change
			Add
			Remove
			HASSEE. FLORIDE
			Add
		······································	☐ Remove
	-		
			Remove
			□ Change

	
	
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	ining requirements, this date will not be listed
record specifies a delayed effective date, but not an effective for the record is filed.	ve time, at 12:01 a.m. on the earlier
ated Declarber 8, 2015. Signature of a member of authorized representation.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00