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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
	DINT AVIATION SERVICES	, LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del> -		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ARTURO ARCA				
		Name of Person	<del></del>		
	TREMBLY LAW FIRM,	P.L.			
		Firm/Company	22		
	9700 S. DIXIE HIGHWAY, PH 1100				
		Address	-7		
	MIAMI, FLORIDA 33156	,	22 SEP -7 AM 10: 47		
		City/State and Zip Code			
	ARTURO@TREMBLYLA				
For further information c	e-mail address: (	to be used for future annual report not all:	incation)		
ARTURO ARCA	,	305 431-5678			
Name of Person		at ()			
Name o	i Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne 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	<del></del>	<u>Street Address:</u> Registration Se	ection		
Division of C P.O. Box 632	-	Division of Co The Centre of	-		
Tallahassee, 1			pe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## TOUCH POINT 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 I	Liability Company	were filed on 11/20/2012	and assigned
Florida document number L12000146145	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "	LLC" or the abbreviation "L.IC."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			N 3
			SE IS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>	-	
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:		iter the name of the new registere
Name of New Registered Agent:	TREMBLY LAV	V F1RM, P.L.	<u> </u>
New Registered Office Address:	9700 S. DIXIE H	HIGHWAY, PH 1100	
New Registered Office Address:		Enter Florida street ad	Idress
	MIAMI		, Florida <u>33156</u>
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regbeing filed to merely reflect a change in the company has been notified in writing of this	per and complete pristered agent as property registered office of the contract	performance of my duties rovided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
	If Chan	ging Registered Agent, Signatu	re of New Registered Agent

<u>Name</u>		Address	Type of Acti
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			Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted in document's effective date of	date must be specified this block does r	c and cannot be pri- not meet the appl	icable statutory fi	r more than 90 days aft	tional) ler filing.) Pursuant to 60 his date will not be lis	– 95.0207 sted as
record specifies a delayed d is filed.	effective date, but	t not an effective	time, at 12:01 a.r	m. on the earlier of:	(b) The 90th day after	er the
		2022				
Dated August 30		,	- <u></u> ·			
Dated August 30	Signature	of a member or aut	horized representat	ive of a member		

Filing Fee: \$25.00