U17000008466

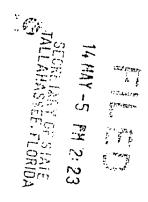
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)⊋;
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400259248424

04/24/14--01014--008 **30.00



T. SUMALE WAY 15 SUM



April 29, 2014

ARIEL QUIROS 111 NE 1ST STREET MIAMI, FL 33132

SUBJECT: Q AVIATION LLC Ref. Number: L13000008466

We have received your document for Q AVIATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 714A00009065

COVER LETTER

į

	ion Section of Corporations		
SUBJECT: Q	Aviation, LLC		
SUBJECT:		Liability Company	<u>.</u>
The enclosed Articl	les of Amendment and fee(s) are submitte	ed for filing.	
Please return all cor	rrespondence concerning this matter to th	ne following:	
	Ariel Quiros		
		Name of Person	
	G.S.I. of Dade	County, Inc.	
		Firm/Company	
	111 N.E. 1st S	Street	
		Address	
	Miami, Florida	33132	
	a.quiros@att.net	ity/State and Zip Code	polification)
For further information	tion concerning this matter, please call:	s used for future aimous report is	ionneation
Ariel Qui	· ·	at (305) 579-	9082
N	lame of Person		time Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	Fee S30.00 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

Q Aviation, LLC						
(Name of the Limite	d Liability Compan A Florida Limited L	y as it now appears on our rectability Company)	ords.)			
The Articles of Organization for this Limited List Fiorida document number <u>L1300008466</u>	bility Company v	were filed on January 1	6, 2013 and ass	signed		
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabil	lity company here:				
N/A						
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "I	L C."		
Enter new principal offices address, if applica	ble:	N/A	······································	·	•	
(Principal office address MUST BE A STREET	ADDRESS)					
		THE PROPERTY OF THE PARTY OF TH				
		N				
Enter new mailing address, if applicable:		N/A	THE STATE OF THE S			
(Mailing address MAY BE A POST OFFICE B	(OX)				Ē	
			amenta o haga and sa de ha comme			
B. If amending the registered agent and/o			rds, enter the name	of the r	10 <i>M</i> .	
	, , , , , , , , , , , , , , , , , , ,			LAE AA		i i
Name of New Registered Agent:	Ariel Quiro	<u>s</u>		25		i en especia
New Registered Office Address:	111 N.E. 1	st Steet, 4th Floor		10 - 80 -		i.
	Entor Florida straet ado	fresi	77.	n i	1 1	
	Miami	·	Florida 33132 Zip Code	92 1	· 🐼	S. Allenda
N. Burton I. a.		City	Zip Code	D A	دن	
New Registered Agent's Signature, if changing R						
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete prered agent as pregistered office (performance of my duties, rovided for in Chapter 60	, and I am familiar wi 5, F.S. Or, if this doc	th and ument is		

Page 1 of 3

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 Title Name Address Type of Action Ary Quiros MGRM 111 N.E. 1st Street, 4th Floor Miami, Florida 33132 **Ariel Quiros** 111 N.E. 1st Street, 4th Floor MGRM Miami, Florida 33132 □ Remove Ariel Quiros **AMBR** 111 N.E. 1st Street, 4th Floor Miami, Florida 33132

Add:	is, ij necessary.)
P: Ariel Quiros, 111 N.E. 1st Street, 4th Floor, Miami, F	L. 33132
VP: Ary Quiros, 111 N.E. 1st Street, 4th Floor, Miami, F	lorida 33132
S: Ary Quiros, 111 N.E. 1st Street, 4th Floor, Miami, Flo	rida 33132
T: Ary Quiros, 111 N.E. 1st Street, 4th Floor, Miami, Flo	orida 33132
Cffective date, if other than the date of filing. The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State) Dated April 21, 2014 Signature of a member or authorized representative of a member.	
Ary Quiros	
Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00

SECILE JAMY OF STATE
TALLAHASSEE, FLORIDA