113000032683

| (Re | questor's Name) | | |
|---|--------------------|-----------------|--|
| (Address) | | | |
| (Address) | | | |
| (Cit | ty/State/Zip/Phone | = #) | |
| PICK-UP | MAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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B. BOSTICK
MAR 2 5 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

Der

Dena Aviation Services 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:

Francisco Herretes

Name of Person

Dena Aviation Services LLC

Firm/Company

8333 NW 53 rd Street Suite 450

Address

Doral, Florida, 33166

City/State and Zip Code

dena.aviation.services@gmail.com

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

For further information concerning this matter, please call:

Francisco Herretes

_786 \4**174452**

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

□S55.00 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

DENA AVIATION SERVICES LLC

| (<u>Name of the Limited Lial</u> (A Flo | bility Company as it now appears on our re- rida Limited Liability Company) | cords.) |
|--|--|---|
| The Articles of Organization for this Limited Liabil Florida document number L13000032683 | ity Company were filed on March 4, 2 | 013 and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | elimited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," the des | ignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| | | ======================================= |
| Enter new mailing address, if applicable: | | 13 8% |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | C. 1 No 1 |
| | | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | | s, enter the name of the new |
| | | , |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida | street address |
| _ | | lorida |
| | 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|-----------------------|-------------------------|
| MGRM | Wander Associates Ltd | 8333 NW 53rd Street | Add |
| | | Doral, Florida, 33166 | Remove |
| | | | |
| | | | Add |
| | | | Remove |
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|). If amending any other informa | ation, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------------------------------|--|
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| | |
| March 21 | 2013 |
| atcu | |
| Sic | gnature of a member or authorized representative of a member |
| - | - |
| | Typed or printed name of signee |
| | Daga 1 of 1 |

Page 3 of 3

Filing Fee: \$25.00

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FALLAMASSEL FLORIDA