

# L 13000036388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

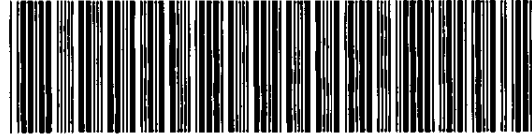
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTION TO EFFECTIVE DATE  
PER CONVERSATION WITH  
ROBENSON CHERICHEL 1/6/2015  
KS

Office Use Only



300267505693

12/22/14--01033--004 \*\*25.00

EFFECTIVE DATE  
12-22-2014

FILING CANCELLED  
RETURNED CHECK

FILED  
2014 DEC 22 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN - 6 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVIONIC TRANSPORTATION 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:

Robenson Cherichel

Name of Person

Firm/Company

548 NE 42nd St Unit 6

Address

Fort Lauderdale, Florida 33334

City/State and Zip Code

avonictrans@gmail.com

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

For further information concerning this matter, please call:

Robenson Cherichel

at 954 658-9955

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

EFFECTIVE DATE  
12-22-2014

**AVIONIC LIMOUSINE LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2014 DEC 22 PM 1:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/11/2013 and assigned  
Florida document number L13000036388.

This amendment is submitted to amend the following:

**FILING CANCELLED  
RETURNED CHECK**

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

AVIONIC TRANSPORTATION LLC

The new name must be distinguishable and end with 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)

548 NE 42nd St Unit 6

Fort Lauderdale, FL 33334

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

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Robenson Cherichel

New Registered Office Address:

548 NE 42nd St Unit 6

*Enter Florida street address*

Fort Lauderdale

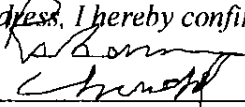
, Florida 33334

*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 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

## FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Thomas Jacquet	548 NE 42nd St Unit 6	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33334	<input type="checkbox"/> Remove
MGR	Robenson Cherichel	548 NE 42nd St Unit 6	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF CIRCUIT  
JAILMASTER

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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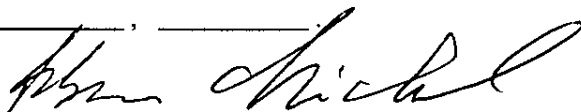
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E. Effective date, if other than the date of filing: 12/22/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/18/2014



Signature of a member or authorized representative of a member

ROBENSON CHERICHEL

Typed or printed name of signee

FILING CANCELLED  
RETURNED CHECK

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA