

L13000036388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

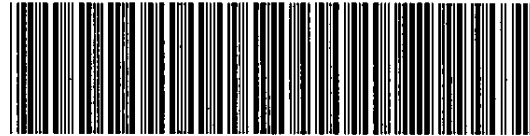
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600266903826

05/12/15--01002--002 \*\*25.00

FILED  
15 MAY -9 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 12 2015

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avionic Limousine 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:

Roberson Cherichel  
Name of Person

Firm/Company

548 NE 42nd St unit 6  
Address

Fort Lauderdale FL 33334  
City/State and Zip Code

Avionictans@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberson Cherichel at (954) 658 9955  
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      ☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2015

AVIONIC LIMOUSINE LLC \*\*\*\*\* 2ND MAILING \*\*\*\*\*  
ROBENSON CHERICHEL  
548 NE 42ND ST - UNIT 6  
FT LAUDERDALE, FL 33334

SUBJECT: AVIONIC LIMOUSINE LLC  
Ref. Number: L13000036388

RECEIVED  
15 MAY -8 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for AVIONIC LIMOUSINE LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 015A00005991



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2015

AVIONIC LIMOUSINE LLC  
548 NE 42NS ST  
UNIT 6  
FT LAUDERDALE, FL 33334

SUBJECT: AVIONIC LIMOUSINE LLC  
Ref. Number: L13000036388

We have received your document for AVIONIC LIMOUSINE LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 015A00005991



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2015

ROBENSON CHERICHEL  
700 13TH STREET  
APT. 10  
FORT LAUDERDALE, FL 33316-2091

SUBJECT: AVIONIC TRANSPORTATION LLC  
Ref. Number: L13000036388

Debit Memo #: 013539-A

Due to your failure to respond to our previous letter advising you of the attached returned check #135, the Amendment for AVIONIC TRANSPORTATION LLC has been cancelled and is considered not filed as of February 24, 2015.

If you have any questions concerning the returned check, please call (850) 245-6887.

Sincerely  
Garry Leonard  
Administrative Assistant  
Division of Corporations

Letter Number: 115A00003787

cc: AVIONIC TRANSPORTATION LLC  
548 42ND STREET, UNIT 6  
FORT LAUDERDALE, FL 33334

| UNITED STATES POSTAL SERVICE®   |   | POSTAL MONEY ORDER              |                        |
|---|---|---------------------------------|------------------------|
| Serial Number   | Year, Month, Day                                    | Post Office                     | U.S. Dollars and Cents |
| 22393418771   | 2015-03-16  | 333070                          | \$25.00                |
| Amount  |   | TWENTY FIVE DOLLARS & 00¢ ***** |                        |
| Pay to  | Department of State Division of Corporations        |                                 |                        |
| Address   | PO Box 6347<br>Tallahassee, FL 32304                |                                 |                        |
| Memo  | Avionic Transportation<br>Fort Lauderdale, FL 33334 |                                 |                        |
| © 2006 United States Postal Service. All Rights Reserved. SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS |   |                                 |                        |

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Avionic Limousine, LLC

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

FILED  
15 MAY -8 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4-5-15 and assigned  
Florida document number 13000036388 3-11-2013

This amendment is submitted to amend the following:

**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)

Roberson Cheinchel  
548 NE 42<sup>nd</sup> ST

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:

Roberson Cheinchel

New Registered Office Address:

Enter Florida street address

City, Florida

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

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                    | <u>Type of Action</u>           |
|--------------|------------------|-----------------------------------|---------------------------------|
| MGR          | Roberson Cheichl | 548 NE 42 <sup>nd</sup> St Unit 6 | <input type="checkbox"/> Add    |
|              |                  | Fort Lauderdale, FL 33334         | <input type="checkbox"/> Remove |
| MGR          | Thomas jacquet   | 548 NE 42 <sup>nd</sup> St Unit 6 | <input type="checkbox"/> Add    |
|              |                  | Fort Lauderdale, FL 33334         | <input type="checkbox"/> Remove |
|              |                  |                                   | <input type="checkbox"/> Add    |
|              |                  |                                   | <input type="checkbox"/> Remove |
|              |                  |                                   | <input type="checkbox"/> Add    |
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|              |                  |                                   | <input type="checkbox"/> Remove |

FILED  
15 MAY 1993  
AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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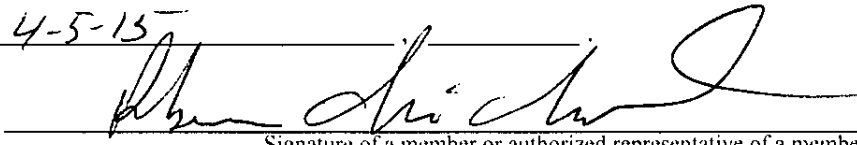
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 4-5-15



Signature of a member or authorized representative of a member

Roberson cherchel

Typed or printed name of signee

FILED  
15 MAY -8 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA