

L13000036388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

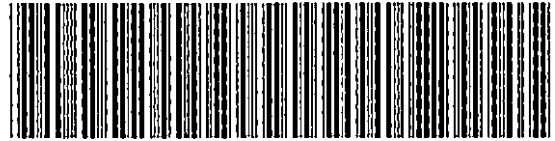
(Business Entity Name)

(Document Number)

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09/14/20--01010--005 \*\*25.00

2020 DEC 14 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

12/14/20

12/15/20

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Rec.  
12/14/20

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2020

ROBENSON CHEICHEL  
4077 NE 5TH TER  
OAKLAND PARK, FL 33334

SUBJECT: AVIONIC TRANSPORTATION LLC  
Ref. Number: L13000036388

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 720A00021108

## 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

AVIONIC TRANSPORTATION LLC

\_\_\_\_\_  
Firm/Company

4077 NE 5TH TER

\_\_\_\_\_  
Address

OAKLAND PARK, FL 33334

\_\_\_\_\_  
City/State and Zip Code

PAYLUXLIMO@GMAIL.COM

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

For further information concerning this matter, please call:

ROBENSON CHERICHEL

305 783-1474

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

2020 DEC 14 AM 7:50

AVIONIC TRANSPORTATION LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/14/2013 and assigned  
Florida document number L13000036388.

This amendment is submitted to amend the following:

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

AVIONIC CONNECT LLC

The new name must be distinguishable and contain 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)**

4077 NE 5TH TER

OAKLAND PARK

FLIDA 33334

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

**(Mailing address MAY BE A POST OFFICE BOX)**

40 77 NE 5TH TER

OAKLAND PARK

FLORIDA 33334

**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:

4077 NE 5TH TER

*Enter Florida street address*

OAKLAND PARK

*City*

Florida

33334

*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.*

  
Roberson Chrichel  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBER	HALEY LOUIS	4077 NE 5TH TER OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBENSON CHERICHEL	4077 NE 5TH TER OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE NAME MUST BE UPDATE ON THE SEARCH RECORD AS \_AVIONIC CONNECT LLC\_

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/26, 2020

Robert Reich  
Signature of a member or authorized representative of a member

ROBENSON CHERICHEL

Typed or printed name of signee

**Filing Fee: \$25.00**