## L13000039585

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: The WP air LLC & Aircrafth Sales Limited Liability Company

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:

Magdelys Cruz

Name of Person

The WOPARLUC & ARROBOTH STORE LLC

1 mm Compa

15434 sw 288 st.

Address

Homestead Fl. 33033

City/State and Zip Code

magdelys.cruz@yahoo.com

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

For further information concerning this matter, please call:

Magdelys Cruz

*.,*954 **.**798-3573

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The WP air & Aircrafth Sales Limited Liability Company

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (	Company were filed on Ma	rch 15 . 2013	and assigned
Florida document number L13000039585	- <u>-</u> -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	<b>:</b>	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compar	y," the designation "L	LC" or the abbreviation
Entageness and solve of the solve of the black			iss E n
Enter new principal offices address, if applicable:		····	N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Principal office address MUST BE A STREET ADDR	(ESS)		SS S
			FIS E
Enter new mailing address, if applicable:			70 9
(Mailing address MAY BE A POST OFFICE BOX)	_		) A
B. If amending the registered agent and/or registered agent and/or the new registered office add	ered office address on or ress here:	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			***
New Registered Office Address:			
	Ente	er Florida street addi	er the name of the new  address  Zip Code  agree to comply with and Or, if this document is
		, Florida	
	City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered	1 Agent:		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper an accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	d complete performance a gent as provided for in Ch	of my duties, and I a apter 608, F.S. Or,	m familiar with and if this document is
	If Changing Registered Agen	t, Signature of New Reg	Istered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = M	ager anaging Member		
Title	<u>Name</u>	Address	Type of Action
			Add
		·	Remove
			Add
			Remove
			Add
			Remove
			Sp Add
			Add Semove T
			SSE SSE
			Add Remove
			Kentove
			Add
			_
			Remove

• •	formation, enter change(s) here: (Attach additional sheets, if necessary.)  / company to appear on www.sunbiz.org
March.19	
	Signature of a member or authorized representative of a member
	Waycelus Cruz Typed or printed name of signee

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Filing Fee: \$25.00

2013 MAR 19 AM 11:00

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