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D. BRUCH

COVER LETTER

TO: Registration S Division of C					
SUBJECT: KIY	yetic Aviation	LLC Name of Limited Liab	ility Company	-	
Dear Sir or Madam:					
The enclosed Statemer	nt of Correction and fee(s)	are submitted for filing	3 .		
Please return all corres	spondence concerning this	matter to the following	; ;		
Margun	Z5rqe] Name of Person		-		
Rine tic Avia	Firm/Company		-		
379 Swapar			-		
Bradeston	FL 34212 City/State and Zip Code		-	2015 FEB	
Sales@ Kmc E-mail address:	Hranaton.com (to be used for future annual)	7 al report notification)	-	19 PH VRY OF SSEE F	
For further informatio	n concerning this matter, p	lease call:		3:41 STATE LONDA	Paggara
May to in Zs.	racl ne of Person	at (<u>941</u> Area Code	Daytime Telephone Number	_	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check f	or the following amount:				
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	\$60 Filing Fee,Certificate of Status &Certified Copy		

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to so	ection 605.0209, F.S., this document is being submitted to correct a previ	ously filed document.
<u>FIRS</u>	<u>T</u> :	The name of the limited liability company is: Rine fx Aviation	LLC
<u>SECC</u>	OND:	The Florida Document number of the limited liability company is: L1	3000086084
<u>THIF</u>	<u>RD</u> :	Document to be corrected is:	
	<u>(Cl</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABL	E STATEMENT
X	correc	tins an incorrect statement. The incorrect statement, the reason the statement are as follows:	nent is incorrect, and the
	In	DERECT: TITLE MGRM	
	<u>Co</u>	DERECT: TITLE MGRM	D Harrison
		defectively signed. The manner in which the document was defectively s	signed and the appropriate
		ction are as follows:	
	<u>OR</u>		
	The e	electronic transmission of the record was defective.	
	M	agic Tral 2/17/11	<u></u>
S	ignature	of Authorized Representative Date	

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)