

U17000117855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

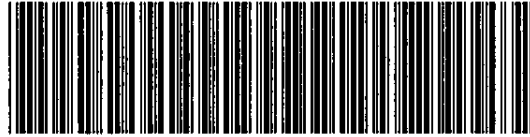
(Business Entity Name)

(Document Number)

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

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15 JAN 16 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Max Aviation 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:

Rene Santos

Name of Person

Max Aviation LLC

Firm/Company

12429 SW 94 LANE

Address

MIAMI, FL 33186

City/State and Zip Code

msantos@maxaviationllc.com

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

For further information concerning this matter, please call:

Rene Santos

at (786) 351-4539

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  
OF**

Max Aviation LLC

(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 08/21/2013 and assigned  
Florida document number L13000117859.

This amendment is submitted to amend the following:

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

Max Aviation 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:

1426 Ponce de Leon Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33134

Enter new mailing address, if applicable:

1426 Ponce de Leon Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33134

**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:

Claudio I. Asbun

New Registered Office Address:

1426 Ponce de Leon Blvd.

Enter Florida street address

Miami

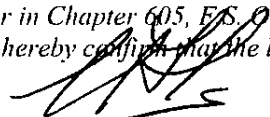
City

, Florida 33134

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**

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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>
MGRM	HEYDASCH, AXEL	3120 KIRK STREET	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
AMBR	ANDRADE GUTERRIEZ, C	3390 MARY ST STE 116	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
MGRM	Claudio I. Asbun	4775 N.W. 72 Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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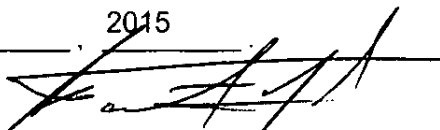
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 January 15th.

2015



Signature of a member or authorized representative of a member

RENE SANTOS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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