

L13000142671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

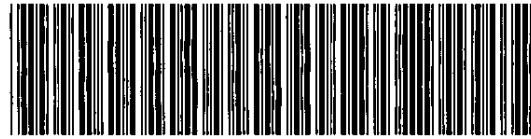
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100253142941

10/28/13--01034--007 **60.00

FILED
2013 OCT 28 PM 3:54
ADULTERY OF STATE
TALLAHASSEE, FLORIDA

N. Guffen OCT 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEOLUS CHARTERS 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:

JASPER YANG

Name of Person

Firm/Company

135-17 40TH ROAD, #3A

Address

FLUSHING, NY 11354

City/State and Zip Code

jasyang@yahoo.com

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

For further information concerning this matter, please call:

JASPER YANG

Name of Person

at **(718) 888-9608**

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

FILED
2013 OCT 28 PM 3: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AEOLUS CHARTERS 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 October 09, 2013 and assigned Florida document number L13000142671.

This amendment is submitted to amend the following:

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

AEOLUS COACHLINES 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)

74-30 JOHNSON STREET
HOLLYWOOD, FL 33024

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

74-30 JOHNSON STREET
HOLLYWOOD, FL 33024

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 608, 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 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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

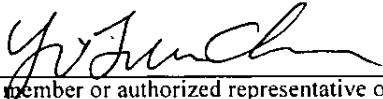
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____, _____



Signature of a member or authorized representative of a member

YI JUN CHEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2019 OCT 28 PM 3: 54
CLERK OF STATE
TALLAHASSEE, FLORIDA