113000/63412

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
· (Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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900285534609 L13-163412 Amend

05/09/16--01027--007 **25.00



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JUN 20 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:		TIR CENTER, LLC ited Liability Company	1
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ALEJA	NORO BRISTOL Name of Person	<u></u> · · .
	AERODIESEL	- AVIATION SERV	vices, LLC
	3150	SW 137 TA	LR
		Address	
	DAVIE	FL 3333	0
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
. 1		at (561) 414 -	- 67 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)	☐ S60.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2016

ALEJANDRO BRISTOL AERODIESEL AVIATION SERVICES LLC 3150 SW 137 TERRACE DAVIE, FL 33330

SUBJECT: BMV AIR CENTER, LLC

Ref. Number: L13000163412

We have received your document for BMV AIR CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We are returning the "SIGNATURE PAGE ONLY" please sign and return.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 916A00009992

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liable (A Plorie	2 Met ((C) lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 13000 1634 12</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	POMPANO BEACH TO 33060
(Principal office address MUST BE A STREET ADD	POMFANO Beach TC. 33060
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3150 SW 137 TERR Davie, FT 33330
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	Alejandro Bristol 701-2 NF 10 ST
New Registered Office Address:	70/-2 NT 10 ST
	omitano Deach, Florida 33060.
	City Zin 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.

Henanging 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MUL	BRIAN M, VERA	2555 NW 55th CT Nangak Hoer laudersale, H. 3336	<u>230.</u> □ Add
		toer lavoersate, H. 3330	9 Remove
			Change
MGR	ALETANDRO BEISTOL	3150 SW 137 TERR	Add
		DANIE, Fl. 33330.	Remove
			Change
			Add
			Remove
			Change Add
			ORIGINA Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change

lf amending any o	ther information, en	ern HS ater change(s) nere	754 323 2530 : (Attach adaitional	sneets, ij necessary	2456 014	· _,
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Note: If the date in	other than the date of isted, the date must be spec isterted in this block doc we date on the Department	es not meet the application	able statutory filing req	optional) am 90 days after filing, quirements, this date) Pursuant to 605 will not be list	5,0207 ed as
he record specif	ies a delayed effect after the record is	tive date, but no filed.	t an effective time	e, at 12:01 a.m.	on the earli	er of
ير اي	e 114		 •			
Dated Dated	مر					
Dated O	Signati	ue of a member or auth	orized representative of a	member		

Page 3 of 3

Filing Fec: \$25.00