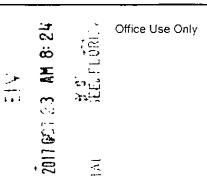
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

of Corporations		
AL FLY MULTISERVICES, LLC		
Name of Li	mited Liability Company	
les of Amendment and fee(s) are su	ubmitted for filing.	
rrespondence concerning this matte	er to the following:	
	Name of Person	
FLORIDA CORPORAT	E SERVICES, LLC	
	Firm/Company	
3006 AVIATION AVEN	NUE, SUITE 2A	
	Address	· -
COCONUT GROVE, FI	. 33133	
<u> </u>	City/State and Zip Code	
E-mail address:	to be used for future annual report noti	fication)
tion concerning this matter, please	call:	
TOS	305 859-8107	
lame of Person	Area Code Daytim	e Telephone Number
for the following amount:		
Fee ☐ \$30.00 Filing Fee &		
	Name of Li les of Amendment and fee(s) are substress of Amendment and	AL FLY MULTISERVICES, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. Prespondence concerning this matter to the following: Name of Person FLORIDA CORPORATE SERVICES, LLC Firm/Company 3006 AVIATION AVENUE, SUITE 2A Address COCONUT GROVE, FL 33133 City/State and Zip Code CSANTOS@SORDOLAW.COM E-mail address: (to be used for future annual report noting tion concerning this matter, please call: TOS Jane of Person at (Area Code Daytimes) For the following amount:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO:

Registration Section

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

DORAL FLY MULTISERVICES,						
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited L. Florida document number L14000045133 This amendment is submitted to amend the follows. A. If amending name, enter the new name of	owing:			nend assigned of C 3 AH II:	TICED	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	esignation "LLC" or the abbrev	viation "L.L.C."		
Enter new principal offices address, if applic	able:	3006 AVIATIO	N AVENUE			
Principal office address MUST BE A STREE	T ADDRESS)	SUITE 2A				
		COCONUT GR	OVE, FL 33133			
Enter new mailing address, if applicable:		3006 AVIATIO	N AVENUE			
Mailing address MAY BE A POST OFFICE	BOX)	SUITE 2A				
		COCONUT GROVE, FL 33133				
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Tice address her	e: ON AVENUE, SUI Enter Flor			he new	
		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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1/6f 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CESAR R. SORDO	3006 AVIATION AVENUE	■ Add
		SUITE 2A	☐ Remove
		COCONUT GROVE, FL 33133	□ Change
AMBR	LINDA RUIZ MARTINEZ	780 NW 42 AVENUE	Add
		SUITE 7	■ Remove
		MIAMI, FL 33126	□ Chanve
		•	Jr. #
			17 HCT 22 remove
			Change O
			□ Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change
			□ Add
			☐ Remove
			□ Change

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Dated Oct. 16					te, but n	ot an effe	ctive time	e, at 12:0:	l a.m. on	the earlier o	ıf:
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Signature of a member or authorized representative of a member			— r.¥.			 -					
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Page 3 of 3

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