

L14 000083757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

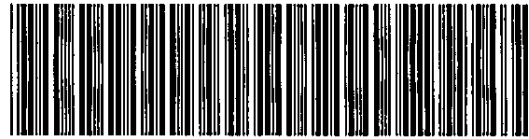
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600261776796

07/07/14--01042--008 **25.00

FILED
14 JUL -7 PM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2014
S. YOUNG

2144



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2014

CARLOS ARIAS
2050 CREEKMONT DR
MIDDLEBURG, FL 32068

SUBJECT: MIAMI AVIATION CONTRACTORS LLC
Ref. Number: L14000083753

FILED
14 JUL -7 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MIAMI AVIATION CONTRACTORS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00014613

August 19, 2014

FILED
14 JUL -7 PM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Florida Department of State
Division of Corporations

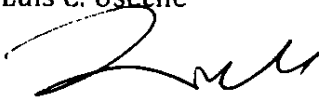
Re:
P13000021972
Miami Aviation Contractor Inc.

To whom it may concern,

I, Luis Useche President of Miami Aviation Contractor, Inc. recently dissolved the Entity mentioned above. Another entity would like to use the name Miami Aviation Contractor. I resign to the name and give permission to Miami Aviation Contract LLC with document number listed as L14000083753 to use the name Miami Aviation Contractor. If you have any questions please feel free to contact me at 904-866-0487

Sincerely,

Luis C. Useche



Matthaler

FL. DRIVERS LICENSE
U220 52373144 ^{EXP: 04/24/19}

Produced to me on 8/19/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miami Aviation Contract LLC.
Name of Limited Liability Company

FILED
14 JUL -7 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Arias
Name of Person

Miami Aviation Contract LLC.
Firm/Company

2050 CREEKMONT DRIVE.
Address

Middleburg FL, 32068
City/State and Zip Code

alicardina26@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Useche at (904) 866 0487
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

TO
ARTICLES OF ORGANIZATION
OF

Miami Aviation Contract 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 5/23/2014 and assigned
Florida document number L14000083793

FILED
14 JUN -7 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Miami Aviation Contractors 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)

2050 Creekmont Drive.
Middleburg, FL, 32008

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2050 Creekmont Drive.
Middleburg, FL, 32008

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:

Carlos Arias

New Registered Office Address:

2050 Creekmont Drive.

Enter Florida street address

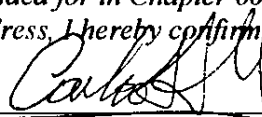
Middleburg
City

Florida

32008
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

Authorized Member being added or removed from our records:

N/A

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

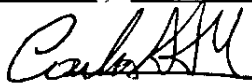
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____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

FILED
JUL - 7 10 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 0 July 3, 2014.



Signature of a member or authorized representative of a member

Carlos Arias

Typed or printed name of signee

FILED
14 JUL -7 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA