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DIVISION OF CORPORATION

N COOPER JUN 2 0 2018

## **COVER LETTER**

Div	ision of Corp	oorations		
	JET AVIAT	TON COMPONENTS, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter to	o the following:	
		ALLEN BENI		
			Name of Person	
		JET AVIATION COMPON	NENTS, LLC	
			Firm/Company	<del></del>
		19597 N.E. 10th Avenue, E	Bldg. #6 - Bay - A	
			Address	<del></del>
		N. Miami, FL, 33179		
			City/State and Zip Code	
		beni beni@jetavicom.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further i	information c	oncerning this matter, please ca	II:	
ALLEN BE	ENI		at () 333-7000 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
		□ \$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)
	MAIL	ING ADDRESS:	STREET/COURI	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JET AVIATION COMPONENTS.	, LLC		
(Name of the Limi	ted Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited L. Torida document number $\frac{L14000143476}{L14000143476}$	iability Company v	were filed on September 15, 2014	and assigned
his amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	19597 NE 10 AV MINE BY 6 BAY A 331	4, FLORIDA
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			the name of the
Name of New Registered Agent:	Allen Beni		
New Registered Office Address:	19597 N.E. 10th	Avenue, Bldg. #6, Bay - A  Enter Florida street address	- <b>20</b> - <b>20</b>
			The state of the s
	N. Miami	Florida <u>3</u>	3179 <u>ー</u> 語ピー
		City	Zip ( ode = ###

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sharon Taoz	19597 N.E. 10th Avenue	
_		Bldg. #6, Bay - A	■ Remove
		N. Miami, FL 33179	Change
MGR	Allen Beni	19597 N.E. 10th Avenue	Add
		Bldg, #6, Bay - A	
		N. Miami, FL 33179	Change
			Remove
			☐ Change
			Remove
			Change
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			□ Remove
			Change
			☐ Remove
			☐ Change

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ctive date, if other	than the date o	f filing:			(optional)	
effective date is listed, th	ne date must be spec	rific and cannot be	prior to date of fil	ing or more than s	00 days after filing.) I	Pursuant to 605.
<u>e:</u> If the date inserted iment's effective date	in this block doe	s not meet the apent of State's rec	pplicable statuto ords	ry filing require	ments, this date w	all not be liste
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			v / / //		JULIUND IC	ر بد ڪ
-	Signatur	re of a member or	authorized repres	entative of a men	RLLENS  en Ben,	45.C/

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Filing Fee: \$25.00