## L14000160646

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	sion of Cor			
SUBJECT:	AVIOR AIR	MAGAZINE LLC	ited Liability Company	
		Name of Limi	ned Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Luis Suarez		
			Name of Person	
			Firm/Company	
		7500 Nw 25th St unit 1A		
			Address	
		Miami Florida 33122		
		henriquezm@avior.com.ve	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report no	otification)
For further inf	formation co	oncerning this matter, please ca	all:	
Luis Suarez			305 4702203	
· <u>-</u>	Name of	Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling 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)
		NG ADDRESS:	STREET/COUI	RIER ADDRESS:

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

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the didress here:
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reg	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	<u>ldress here</u> :
registered agent and/or the new registered office ac	ldress here:

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
MGRM	LUIS SUAREZ	7500 NW 25TH ST UNIT 1A	
		MIAMI FL 33122	■ Remove
		- <u>-</u> -	Change
Manager	LUIS A SUAREZ M	7500 NW 25TH ST UNIT 1A	<b>■</b> Add
		MIAMI FL 33122	□ Remove
			Change
			Add
			Remove
		-	□ Change
			Add
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nte: If the cument's of record so The 90th	date inserted in this effective date on the specifies a delay	s block does no e Department o yed effective	t meet the applicable f State's records.	e statutory filing i	equirements,	this date	will not	be listed as
nte: If the cument's of record so The 90th	date inserted in this effective date on the specifies a dela- n day after the r	s block does no e Department o yed effective	t meet the applicable f State's records.  e date, but not a d.	e statutory filing i	equirements,	this date	will not	be listed as
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