

L14000162409

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPECIALTY AIRCRAFT INVESTMENTS, LLC**

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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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To: Division of Corporations
Fax Number : (850) 617-6383

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9/10/2016

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| DATE, TIME | 09/02 15:36 |
| FAX NO./NAME | 18506176383 |
| DURATION | 00:00:53 |
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| RESULT | OK |
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| ECM | |

TIME : 09/02/2016 15:37
NAME : CORP USA
FAX : 3056339696
TEL : 180043323028
SER.# : BR066J607737

TRANSMISSION VERIFICATION REPORT

5

H16000219467

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPECIALTY AIRCRAFT INVESTMENTS, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

OSCAR A. CABRERA Act # 10007.
Name of Person
OSCAR A CABRERA P.A.
Firm/Company
15678 SW 17 TERRACE
Address
MIAMI, FL 33185
City/State and Zip Code
lorenarojasvalentin@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA ROJAS 305 804-4428
Name of Person at 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

FILED
16 SEP -2 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SPECIALTY AIRCRAFT INVESTMENTS, 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 10/17/2014 and assigned Florida document number L14000162409

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7925 CALINDRA COURT

TRINITY, FL 34655

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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

| Title | Name | Address | Type of Action |
|-------|--------------------|-------------------|--|
| AMBR | ALEXANDER INDRIAGO | 7925 CALINDRA CT. | <input type="checkbox"/> Add |
| | | TRINITY, FL 34655 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten marks and lines on the form, including a large diagonal line and several smaller lines and marks.

E. Effective date, if other than the date of filing: 09/02/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 09/02/2016

Signature of a member or authorized representative of a member

JUAN JOSE FRANCO

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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