

**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  
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 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**

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

O. SIMMONS

OCT 12 2017

## 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

Name of Person

Act # 100007

OSCAR A CABRERA P.A.

Firm/Company

15678 SW 17 ETRRACE

Address

MIAMI FLORIDA 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

Name of Person

305

at ( )

Area Code

804-4428

Daytime Telephone Number

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 10/11/2017 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 "L.L.C."

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)

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

Florida

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 hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>              | <u>Address</u>    | <u>Type of Action</u>                      |
|--------------|--------------------------|-------------------|--|
| MBR          | JUAN JOSE FRANCO         | 7925 CALINDRA CT  | <input type="checkbox"/> Add               |
|              |                          | TRINITY, FL 34655 | <input checked="" type="checkbox"/> Remove |
|              |                          |                   | <input type="checkbox"/> Change            |
| AMBR         | JONATHAN JEREMIAS FRANCO | 7925 CALINDRA CT  | <input checked="" type="checkbox"/> Add    |
|              |                          | TRINITY, FL 34655 | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |
|              |                          |                   | <input type="checkbox"/> Add               |
|              |                          |                   | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |
|              |                          |                   | <input type="checkbox"/> Add               |
|              |                          |                   | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |
|              |                          |                   | <input type="checkbox"/> Add               |
|              |                          |                   | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |
|              |                          |                   | <input type="checkbox"/> Add               |
|              |                          |                   | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |

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17 OCT 11 AM 9:43

31, 1910

**Effective date, if other than the date of filing:** 10/11/14 (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.

Dated

10/11/17

Signature of a member or authorized representative of a member

ANA MARIA FRANCO

Typed or printed name of signee