

L14000162602

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TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 15

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AVIOMEGA 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:

JUAN D GOEZ

\_\_\_\_\_  
Name of Person

AVIOMEGA LLC

\_\_\_\_\_  
Firm/Company

4711 NW 79 AVE SUITE 13M

\_\_\_\_\_  
Address

DORAL FLORIDA 33166

\_\_\_\_\_  
City/State and Zip Code

juan@aviomega.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan D Goetz

305 570-5866  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

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

AVIOMEGA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JAN 16, 2015 and assigned Florida document number L14000162602.

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)**

4711 NW 79 AVE

SUITE 13M

DORAL FLORIDA 33166

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

4711 NW 79 AVE

SUITE 13M

DORAL FLORIDA 33166

**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

- 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>      | <u>Type of Action</u>                      |
|--------------|------------------------|---------------------|--|
| MGR          | GONZALEZ, CATALINA     | 8290 LAKE DRIVE     | <input type="checkbox"/> Add               |
|              |                        | SUITE 529           | <input checked="" type="checkbox"/> Remove |
|              |                        | DORAL FLORIDA 33166 | <input type="checkbox"/> Change            |
| MGR          | ARANGO ARAMBURO, TOMAS | 4711 NW 79 AVE      | <input checked="" type="checkbox"/> Add    |
|              |                        | SUITE 13M           | <input type="checkbox"/> Remove            |
|              |                        | DORAL FLORIDA 33166 | <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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Dated JANUARY 6 2016

*Catalina Gonzalez*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CATALINA GONZALEZ

Typed or printed name of signee