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COVER LETTER

Division of Corporations		
SKYNET AVIATION LLC		
Name of Limited Liability Company		
ear Sir or Madam:		
he enclosed Statement of Correction and fee(s) are submitted for file	ling.	
ease return all correspondence concerning this matter to the follow	ring:	
IATACHA SOLUMAND		
Name of Person		
Firm/Company		
65 NW 206 TER		
Address		
MIAMI, FL 33169		
City/State and Zip Code		
nsamedi79@gmail.com		
E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, please call:		
Lyonel Blaise 954	376-9803	
Name of Person Area Cod	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certificate of Status	& S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (2/14)		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ection 605.0209, F.S., this document is being submitted to correct a previously filed document.			
<u>FIRS'</u>	<u>T</u> :	The name of the limited liability company is: SKYNET AVIATION LLC			
SECO	OND:	The Florida Document number of the limited liability company is: L14000183347			
THIRD:		Document to be corrected is:			
		The physical address of the company is wrong.			
	(C)	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
V		sins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the cted statement are as follows:			
	The	correct address for the company is :			
	1109	8 Biscayne Blvd			
	Suite	e 401-15			
	Mian	ni, FL 33161			
	<u>OR</u>				
		defectively signed. The manner in which the document was defectively signed and the appropriate ction are as follows:			
	OR				
	The	electronic transmission of the record was defective.			
(1)	at o	cha Solumand 12/3/80/4			
2	ionatur	e of Authorized Representative			

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)