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## **COVER LETTER**

SUBJECT:	Central	Charter Aviation Solutions,	LLC	
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed Art	ticles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all	corresponde	ence concerning this matter t	to the following:	
			Miguel A. Maspons, Esq.	
			Name of Person	
			Maspons Advisory Services	
			Firm/Company	
		2333 Pc	once De Leon Blvd., Suite 314	
			Address	
			Coral Gables, Florida 33134	
			Miguel A. Maspons, Esq.  Name of Person Maspons Advisory Services  Firm/Company  33 Ponce De Leon Blvd., Suite 314  Address  Coral Gables, Florida 33134  City/State and Zip Code mas@mascorpserv.com  ess: (to be used for future annual report notification)  see call:  786 539-1430  Area Code Daytime Telephone Number  □ \$55.00 Filing Fee & Certificate of Status & Cer	
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		E-mail address: (t	o be used for future annual report notifi	cation)
For further inform	mation conc	erning this matter, please ca	II:	
Vanessa M. Collazo			· - ·	
Name of Person				Telephone Number
Enclosed is a che	eck for the f	ollowing amount:		
■ \$25.00 Filing	g Fee 1	□ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

CENTRAL CHARTER A	VIATION SOLUTIO	NS, LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	01/05/2015	and assigned
Florida document number L15000001965			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the de		
Enter new principal offices address, if applicable:	<del> </del>	A	. 0
(Principal office address MUST BE A STREET ADDRESS)		) = ( 	E E
		> <del>**</del> :	<del></del>
		रंग) हार्च	
Enter new mailing address, if applicable:			ν <u>φ</u> Ο
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	رة 5	<u>Α</u> ω
			<u> </u>
3. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:	office address on ere:	our records, enter	the name of the
New Registered Office Address:			
	Enter Flori	da 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 **Type of Action** <u>Title</u> **Name Address** □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove 19 □ Change \_□ Add ☐ Remove \_\_ Change □ Add ☐ Remove ☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00