# L1500002167

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N. Culligan MAR 1 7 2015

# **CQVER LETTER**

TO:	Registration Sec Division of Corp			
		T SOLUTIONS LLC		
SUBJE	C1:	Name of Limited	d Liability Company	
		Amendment and fee(s) are submindence concerning this matter to		
		ANTONIO REGOJO		
			Name of Person	· · · · · ·
		REGOJO LAW, PA		
			Firm/Company	
		3550 BISCAYNE BLV	D STE 507	
			Address	in a translation
		MIAMI, FL 33137		
			City/State and Zip Code	
		aregojo@regojolaw.co	M be used for future annual report notificat	ion)
For furt	her information co	oncerning this matter, please call:		
ANTO	ONIO REGOJO	0	305 814-8299	
Name of Person at ()  Area Code Daytime Telephone Number			lephone Number	
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 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

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2015 MAR -2 PM 3: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### INFLIGHT SOLUTIONS 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 Compar Florida document number <u>L15000002167</u> .	ny were filed on 01/06/2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Limited Li	iability 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)	MIAMI, FL 33133	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	2000 S DIXIE HWY STE 205-B MIAMI, FL 33133	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, enter the name of the nevere:	
New Registered Office Address:	ew 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ALEJANDRO RUIZ	2000 S DIXIE HWY STE 205-B	<b>■</b> Add
		MIAMI, FL 33133	Remove
MGR	ANDRE DE AGUIAR	2000 S DIXIE HWY STE 205-B	<b>A</b> dd
		MIAMI, FL 33133	☐ Remove
			□ Add
			□ Remove
			Remove
			☐ Remove
			□ Remove

D.	If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,	· · · ·
	<del>-                                    </del>	
E.	(The effecti	date, if other than the date of filing:(optional)  e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
	Dated FI	EBRUARY 24 2015
		Signature of a member or authorized representative of a member
		EDUARDO GUTIERREZ FOGAÇA DE AGUIAR, MANAGER
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 MAR -2 PM 3: 00
SELECTION OF STATE