

L150000047805

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Please print this page and use it as a cover sheet. Type the fax audit
number (shown below) on the top and bottom of all pages of the document.

((H15000070042 3)))



H150000700423ABCT

Now hit the REFRESH/RELOAD button on your browser from this
page. Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850) 617-6383

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
15 MAR 19 PM 1:20
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future
direct mailings. Enter only one email address please.**

Email Address: _____

RESTATE/RESTATE/CORRECT OR M/MG RESIGN
AVIASOUTH LLC

EFFECTIVE DATE
3-19-15

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

91228

15 MAR 19 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu Help

MAR 20 2015
T. BROWN

115000047805

(4)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AVIASOUTH LLC

(Name of the Limited Liability Company as shown on our records)
(A Florida Limited Liability Company)

FILED
15 MAR 19 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/16/2015 and assigned
Florida document number L15000047805

This amendment is submitted to amend the following:

EFFECTIVE DATE
3-19-15

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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

City

Florida

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	ANDREA C. RASTELLINO	6538 COLLINS AVE SUITE 309	☒ Add
		MIAMI BEACH FL 33141	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 03/19/2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 19 2015



Signature of a member or authorized representative of a member
MAXIMILIANO A CONSOLE

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00