

L15000094346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

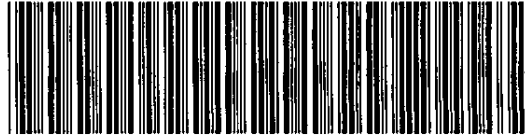
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 10 2015
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEO Aviation 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:

Miguel Cifuentes

Name of Person

NEO Aviation LLC

Firm/Company

7633 NW 181 Terrace

Address

Miami, FL 33015

City/State and Zip Code

sebring100@hotmail.com

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

For further information concerning this matter, please call:

Miguel Cifuentes

305

987-6635

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

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

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***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	Pablo F. Aversa	7633 NW 181 Terrace	<input type="checkbox"/> Add
		Miami, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ivana A. Barrios	7633 NW 181 Terrace	<input type="checkbox"/> Add
		Miami, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Burlas	7633 NW 181 terrace	<input type="checkbox"/> Add
		Miami, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 7 July 6th. 2015

Signature of a member or authorized representative of a member

Miguel A. Cifuentes

Typed or printed name of signee