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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE FALLAHASSEE, FLORIOA

JUL 10 2015

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	NEO Aviati	on LLC			
50552		Name of Lim	ited Liability Company		
		Amendment and fec(s) are sub	_		
		Miguel Cifuentes			
			Name of Person	······	
		NEO Aviation LLC			
			Firm/Company		
		7633 NW 181 Terrace			
			Address		
		Miami, FL 33015		TAL	201
		sebring 100@hotmail.com	City/State and Zip Code	LAHA!	71 CT C
		E-mail address: (to be used for future annual report noti	fication)	-9 -
For furth	er information co	oncerning this matter, please ca	all:	رن جبر :	ם ל
Miguel (Cifuentes		305 987-6635	0.25	<u> </u>
	Name of	Person		e Telephone Number-	' ' σ
Enclosed	l is a check for th	e following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status &

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

NEO Aviation LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	oany were filed on 6/2/2015	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain 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	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere registered agent and/or the new registered office address		****
egistered agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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**

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pablo F. Aversa	7633 NW 181 Terrace	
		Miami, FL 33015	■ Remove
			Change
MGR	Ivana A. Barrios	7633 NW 181 Terrace	Add
		Miami, FL 33015	_■ Remove
			Change
MGR	Daniel Burlas	7633 NW 181 terrace	
		Miami, FL 33015	■ Remove
			Change
			SECRETARY OF STATE Add
			☐ Remove
			☐ Change
			Remove
			Change.

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ffective date, if other than the of an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be p ck does not meet the ap	prior to date of filing	or more than 90 day	(optional) ys after filing.) Pur ts, this date will	suant to 605.020 not be listed a
e record specifies a delayed The 90th day after the reco		not an effecti	ve time, at 12	:01 a.m. on	the earlier (
oated	, 2015	•			
			- ×.		
			FB -		

Page 3 of 3

Filing Fee: \$25.00