## 115000140061

| (Requ                        | estor's Name)  | )            |
|------------------------------|----------------|--------------|
| (Addre                       | ess)           |              |
| (Addre                       | ess)           |              |
| (City/S                      | State/Zip/Phor | ne #)        |
| PICK-UP                      | ☐ WAIT         | MAIL         |
| (Busin                       | ess Entity Na  | ime)         |
| (Docu                        | ment Number    | r)           |
| Certified Copies             | Certificate    | es of Status |
| Special Instructions to Fili | ng Officer:    |              |
|                              |                |              |
|                              |                |              |
|                              |                |              |

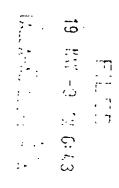
Office Use Only



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MAY 20 2019 S. YOUNG

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

| SUBJECT:                   | Za   | calu Aviation   |  |
|----------------------------|--|---|--|
|                            | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo | ondence concerning this matter               | to the following:   |  |
|                            |  | Carlos Eduardo Farreras   |  |
|                            |  | Name of Person  |  |
|                            |  | Firm/Company  |  |
|                            |  | 1410 Lee Wagener Blvd   |  |
|                            | Fort   | Lauderdale / Florida 33315  |  |
|                            | roit   | City/State and Zip Code   |  |
|                            | Z<br>E-mail address: (                       | acaluaviation@gmail.com to be used for future annual report note          | fication)  |
| For further information c  | oncerning this matter, please c              |   |  |
| Carl                       | los Farreras                                 | at ( <u>954</u> ) <u>6</u><br>Area Code Daytim                            | 551-0696   |
| Name o                     | r Person                                     | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for t  | he following amount:                         |   |  |
| □ \$25.00 Filing Fee       | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <ul> <li>\$60.00 Filing Fee,<br/>Certificate of Status &amp;<br/>Certified Copy<br/>(additional copy is enclosed)</li> </ul> |
| MAIL                       | ING ADDRESS:                                 | STREET/COURI  | ier address:   |
| Regist                     | ration Section<br>on of Corporations         | Registration Section<br>Division of Corpor                                |  |
|                            | ox 6327                                      | Clifton Building  | IMINIO   |
| Tallah                     | assee, FL 32314                              | 2661 Executive Co   | enter Circle   |

Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ( <u>Name of the Limited Liabil)</u><br>(A Florid  | ty Company as it now appears (<br>a Limited Liability Company)                         | on our records.)                             |                                     |                  |
|--|--|--|-------------------------------------|------------------|
| The Articles of Organization for this Limited Liability C  | Company were filed on  | 08/17/2015                                   | and assigned                        |                  |
| Florida document number L15000140061   |  |  |                                     |                  |
| This amendment is submitted to amend the following:  |  |  |                                     |                  |
| A. If amending name, enter the new name of the lim   | ited liability company here  | <u>:</u>                                     |                                     |                  |
| Zacalu Aviation & Marine Services  |  |  |                                     |                  |
| The new name must be distinguishable and contain the words "Lin  | nited Liability Company," the des  | ignation "LLC" or the abl                    | previation "L.L.C."                 |                  |
| Enter new principal offices address, if applicable:  |  |  |                                     | _                |
| (Principal office address MUST BE A STREET ADD   | RESS)  | ·  |                                     | <u></u>          |
|  |  |  |                                     | _ <del>;_;</del> |
|  |  |  |                                     | :                |
| Enter new mailing address, if applicable:  |  |  |                                     |                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  | <u>.</u>                            | _ ::             |
|  |  |  |                                     | <u>e</u> .       |
| B. If amending the registered agent and/or registered agent and/or the new registered office add   |  | our records, <u>enter</u>                    | the name of the                     | ယ်<br>new        |
| Name of New Registered Agent:  |  | ·  |                                     |                  |
| New Registered Office Address:   |  |  |                                     |                  |
| New Registered Office Address.   | Enter Florid   | a street address                             |                                     | _                |
|  |  | Florida                                      |                                     |                  |
|  | City   | , Florida                                    | Zip Code                            | _                |
| New Registered Agent's Signature, if changing Registere  | d Agent:   |  |                                     |                  |
| I hereby accept the appointment as registered agent<br>provisions of all statutes relative to the proper and of<br>accept the obligations of my position as registered a<br>being filed to merely reflect a change in the register<br>company has been notified in writing of this change. | complete performance of m<br>gent as provided for in Ch<br>ed office address, I hereby | y duties, and I am fo<br>apter 605, F.S. Or. | amiliar with and if this document i |                  |
|  | If Changing Registered Ages  | it, Signature of New Rej                     | ristered 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 = A     | authorized Member |                                      |                |
|--------------|-------------------|--------------------------------------|----------------|
| <u>Title</u> | Name              | <u>Address</u>                       | Type of Action |
| AMBR         | Maria Bello       | 4907 Arthur St Hollywood FL<br>33021 |                |
|              |                   |                                      | Add            |
|              |                   |                                      |                |
|              |                   | <u></u>                              | Remove         |
|              |                   |                                      | Change         |
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|              |                   | •                                    | <b>5</b> 44    |
|              |                   |                                      | Add            |
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|              |                   |                                      | □ Remove       |
|              |                   |                                      |                |

\_□ Change

|                        | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| an etl<br>ot <u>e:</u> | ive date, if other than the date of filing: May 15th 2019 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. |
|                        | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.  |
| ned                    | May 5th   |
|                        | Signature of a member or authorized representative of a member  |
|                        |   |
|                        | Carlos Farreras   |

Page 3 of 3

Filing Fee: \$25.00