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COVER LETTER

TO:		stration Sec sion of Corp					
erin in		SEAGULL	AVIATION SERVICE LLC				
Name of Limited Liability Company							
The enc	losed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn :	all correspor	ndence concerning this matter	to the following:			
			SONIA ABASOLO				
			SEAGULL AVIATION SE	Name of Person ERVICE LLC			
			10969 NW 72 TERRACE	Firm/Company	, . <u>.</u>		
			DORAL FL 33178	Address			
			soniaabasolo@gmail.com	City/State and Zip Code			
			E-mail address: (i	to be used for future annual report noti	fication)		
For furt	her int	ormation co	oncerning this matter, please co	all:			
SONIA	ABA	SOLO		305 775 2898			
		Name of	Person	Area Code Daytim	e Telephone Number		
Enclose	d is a	check for th	e following amount:				
■ \$25	.00 Fi	ling 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:

TO:

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

SEAGULL AVIATION SERVICE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on MAY 2016	and assigned
Florida document number L16000091039		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	5 B
		SET
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	11266 NW 59 TERRACE	
Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33178	
		<u> </u>
Enter new mailing address, if applicable:	11266 NW 59 TERRACE	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33178	<u>. </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	3
		orida
	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	ANDREINA VALENZUELA	10969 NW 72 TERRACE	
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		DORAL FL 33178	D D
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Typed or printed name of signee

Filing Fee: \$25.00