

L16000101663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

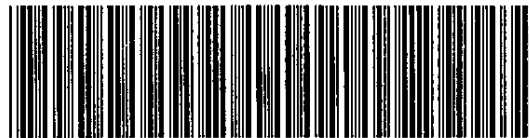
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

K. SALY  
OCT 28 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2016

NIKOLE AUGSTEN  
5600 NW 36 ST. #513  
MIAMI, FL 33166

SUBJECT: CHILEAN AIRWAYS, LLC.  
Ref. Number: L16000101663

We have received your document for CHILEAN AIRWAYS, LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 016A00022522

Miami October 26<sup>th</sup>, 2016

Attn: Susan Tallent

Amendment for the correction of the following documents.

New forms completed, signed and dated

**Chilean Airways LLC:** Document number- L16000101663

Paid with check # 1501 for the amount of \$43.75 copy attached.

**Airside Financial Corporation:** Document number- P03000062542

Paid with check # 1522 for the amount of \$43.75 copy attached.

Both documents require and amendment as well as a Certificate of Status.

Any questions regarding this matter do not hesitate to contact us directly,

Nikole Augsten

(305) 876 0091

Mailing Address

PO-Box 668080

Miami, FL 33166

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2016 OCT 27 PM 4:37  
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TALLAHASSEE, FLORIDA

16 OCT 27 PM 11:09

KS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHILEAN AIRWAYS, 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:

NIKOLE Augsten

Name of Person

Firm/Company

P.O. Box 668080

Address

MIAMI, FL. 33166

City/State and Zip Code

naugsten@ultravi.com

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

For further information concerning this matter, please call:

NIKOLE Augsten

Name of Person

at ( 305 ) 876-0091

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CHILEAN AIRWAYS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 OCT 27 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05.24.16 and assigned  
Florida document number L16000101663.

This amendment is submitted to amend the following:

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

N/A

The 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DUBE, RAUL R.	5600 NW 36 <sup>th</sup> St., Suite 513	<input type="checkbox"/> Add
		Miami, Fl. 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DUBE, MARK A.	5600 NW 36 <sup>th</sup> St., Suite 513	<input checked="" type="checkbox"/> Add
		Miami, Fl 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated OCTOBER 17, 2016

Signature of a member or authorized representative of a member

RAUL R. DUBE

Typed or printed name of signee