## L16000111283

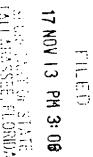
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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S. WARREN HOV 1 4 2017

## **COVER LETTER**

FO: Registration Sec Division of Corp					
	HATION LLC				
SUBJECT:	Name of Em	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspoi	ndence concerning this matter	to the following:			
	IVAN A GUERRERO ES	Q			
	Name of Person				
	ECHOO AVIATION LLC C/O IVAN A GUERRERO LLC  Firm's ompany				
	28 W FLAGLER STREET STE 555				
		Address			
	MIAMI, FL 33130				
		City/State and Zip Code			
	L-mail address: (	to be used for future annual report notif	ication)		
For further information ed	oncerning this matter, please c	all:			
IVAN A GUERRERO		786 5369088			
Name of	Person		Tulephone Number		
Enclosed is a check for th	e 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 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECHOO AVIATION LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lits Company as it now appears on our records.) la Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on 06/09/2016	and assigned
orida document number 1.16000111582		_
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
ne new name unist be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or	the abbreviation "L.L. (""
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD.	RESS)	
nter new mailing address, if applicable:		
Auding address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or regi egistered agent and/or the new registered office ado		nter the name of the
the first the first terms of the	<del>area area</del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Later Florida street address	
	Florid	a
	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 an familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this becament is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited limited 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SILVIA QUIROGA	335 S. BISCAYNE BLVD	<b>=</b> Add
		APT, 2809	☐ Remove
		MIAMI, FL 33131	Change .
MGR RAFAEL	RAFAEL GARCIA	7930 NW 108 PL	_
		DORAL, FL 33178	
			<b>□</b> Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			No frange
			7 NOVE 13 PM 3: PM
			☐ Change

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	<b>**</b>	
		<del>-</del>
	ist be specific and cannot be prior to date of filing colock does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
record specifies a delaye The 90th day after the re		ve time, at 12:01 a.m. on the earlier o
September 28	2017	<u> </u>
	Silvia Ovivoca	A NOV
	Signature of a member or authorized representa	$\frac{\partial \mathcal{L}}{\partial t} = \frac{\partial \mathcal{L}}{\partial t}$
CHARLOUNGER	1/4	<u> </u>
SILVIA QUIROGA	Typed or printed name of signe	<del></del>

Page 3 of 3

Filing Fee: \$25.00