

L16000114621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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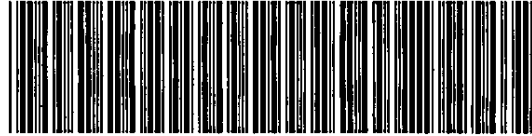
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 16 2017

J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLIED AVIONICS, 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:

CARRY HERNANDEZ

Name of Person

ALLIED AVIONICS, LLC

Firm/Company

PO BOX 161124

Address

HIALEAH, FL 33016

City/State and Zip Code

ALLIEDAVIONICSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

CARRY HERNANDEZ

786 351-5286
at ()

Name of Person

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**

ALLIED AVIONICS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 14, 2016 and assigned
Florida document number L16000114621.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

4100 CENTER POINTE DRIVE

SUITE 212

FORT MYERS, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 161124

HIALEAH, FL 33016

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:

CARRY HERNANDEZ

New Registered Office Address:

4100 CENTER POINTE DRIVE SUITE 212

Enter Florida street address

FORT MYERS

Florida 33916

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>
AMBR	TOMAS HERNANDEZ	4961 NW 173 STREET	☐ Add
		MIAMI, FL 33055	☒ Remove
			☐ Change
AMBR	CARRY HERNANDEZ	4100 CENTER POINTE DRIVE	☒ Add
		SUITE 212	☐ Remove
		FORT MYERS, FL 33916	☐ Change
			☐ Add
			☐ Remove
			☐ Change
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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

[illegible]

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.

Dated August 3, 2016.

Campbell
Signature of a member or authorized representative of a member

CARRY HERNANDEZ

Typed or printed name of signee

SECRET
ALLAHABAD, FLORIDA
16 AUG 15 PM 1:27