117000148965

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COVER LETTER

	gistration Se vision of Cor						
OUD HIVE	AVIOR AIRLINES CA LLC						
SUBJECT:		Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		MARCELLO HENRIQUE	FZ.				
		·	Name of Person				
		AVIOR AIRLINES CA LI	.C				
		-	Firm/Company				
		7500 NW 25TH ST					
Address							
MIAMI FL 33122							
City/State and Zip Code							
		E-mail address: (to be used for future annual report notifi-	cation)			
For further i	information c	oncerning this matter, please co	all:				
	O HENRIQI	-	305 470 2203				
Name of Person			at () Area Code Daytime	Telephone Number			
	, and		The exist	,			
Enclosed is	a check for th	ne 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIOR AIRLINES CA LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records. ability Company))
The Articles of Organization for this Limited Liability Company was a lorida document number L17000148965	vere filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabili	ity company here:	
he new name must be distinguishable and contain the words "Limited Liability	y 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)		in an
		. 00 :
		7 · N
nter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		
		U I
 If amending the registered agent and/or registered offi egistered agent and/or the new registered office address here: 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Car Planta and I	
	Enter Florida street address	
	, Flor	rida
	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>	Name	Address	Type of Action
MGR	MARCELLO HENRIQUEZ	7500 NW 25TH ST UNIT 1A	= Add
		MIAMI FL 33122	☐ Remove
			☐ Change
MGR	JORGE ALVA	7500 NW 25TH ST UNIT 1A	
		MIAMI FL 33122	■ Remove
			Change
			☐ Add
			Remove
			☐ Change
			Remove
			Change
			Add-1 mm.
			Remove (
			Change
			Remove

. II amei	ding any other information, en	nter change(s) here: (Attach a	dditional sheets, if necessary	.)
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Effectiv	e date, if other than the date of	filing:	(optional)	
Note: 1	tive date is listed, the date must be speci the date inserted in this block does	s not meet the applicable statutory	g or more than 90 days after filing.) r filing requirements, this date v	Pursuant to 605,0207 (will not be listed as t
docume	nt's effective date on the Departme	nt of State's records.		
the reco	rd specifies a delayed effect 10th day after the record is	ive date, but not an effect iled.	ive time, at 12:01 a.m. c	on the earlier of:
,	IIAMI 22 SEPTEMBER	2017		
Dated _	TOTAL DE COLO I LECTIONAL	H		
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				1\1 1
	Signatur	e of a number of authorized represen	uative of a member	25. I

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Filing Fee: \$25.00