L17000148965

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A. BUTLER SEP 17 2022

COVER LETTER

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TO: Registration Section

Division of Cor	•		
AVIOR AI SUBJECT:	RLINES C.A., LLC.		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
•	•		
	JORGE ANEZ DAGER		
	,	Name of Person	
	5930 NW 99th AVE	Firm/Company /Address	
	DORAL, FL 33178		
	parts@avior.com.ve	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information e	oncerning this matter, please c	all:	
JORGE ANEZ DAGER		786 692-4005	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
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 Addres		Street Address: Registration S	Section
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIOR AIRLINES C.A., LLC.

2022 JUN 24 PH 1:56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) (A LAME SEE STATE The Articles of Organization for this Limited Liability Company were filed on $\frac{07/11/2017}{2}$ ____ and assigned Florida document number <u>L170001</u>48965 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: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address _____, Florida ___

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 ur records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA JOSE FOLLA	5930 NW 99th AVE., SUITE 2 DORAL, FL 33178	= Add
		··· <u>-</u>	□Remove
			□ Change
MGR MO	MONIQUE BAHUAUD	5930 NW 99th AVE., SUITE 2 DORAL, FL 33178	
			\BRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. 11 an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	
Note:	tive date, if other than the date of filing:
he reco	rd 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 iled.
Datec	JUNE 2011. 2022
	$\frac{1}{k}$
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00