

L17000232654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

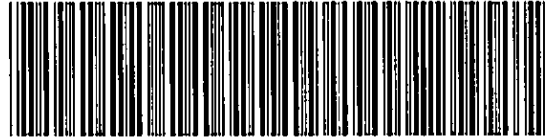
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DIVISION OF CORPORATIONS
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K. SALY
JAN - 9 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dixie Air Parts, 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:

Yasser Sardina Esq.

Name of Person

Sardina Law PA

Firm/Company

814 Ponce De Leon Blvd. Ste. 518

Address

Coral Gables, FL 33134

City/State and Zip Code

ysardina@sardinalawoffices.com

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

For further information concerning this matter, please call:

Yasser Sardina

305 4689262
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**

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Dixie Air Parts, 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 04/18/1958 and assigned
Florida document number L17000232654.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

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:

Name of New Registered Agent:

Yasser Sardina

New Registered Office Address:

814 Ponce De Leon Blvd Ste. 518

Enter Florida street address

Coral Gables

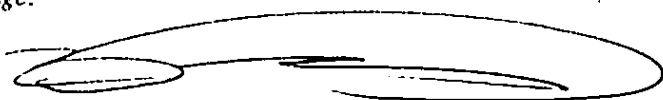
Florida 33134

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	Arash Caby	2085 W 73rd ST	<input type="checkbox"/> Add
		Hialeah, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Catherine Caby	2085 W 73rd ST	<input type="checkbox"/> Add
		Hialeah, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mayda Bello	2085 W 73rd ST	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Cuesta	2085 W 73rd ST	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 12/08/2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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 December 8, 2017

Signature of a member or authorized representative of a member

Arash Caby

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2017

SARDINA LAW PA
YASSER SARDINA, ESQ.
914 PONCE DE LEON BLVD, STE. 518
CORAL GABLES, FL 33134

SUBJECT: DIXIE AIR PARTS, LLC
Ref. Number: L17000232654

RECEIVED

JAN - 8 2018

We have received your document for DIXIE AIR PARTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 517A00025863