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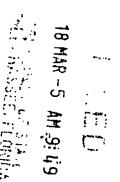
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COVER LETTER

TO:	Registration Sec Pivision of Corp			•
~~~	nam	AVIATZONE, LEC		
SUBJ	ECT:	Nane of Limi	ted Liability Company	<del>,</del>
The er	nclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		EDGAR I. SERR	ANO	
			Name of Person	
		AVIATZONE, LI	_C	
			Firm/Company	
		1635 NW 51ST P	LACE, HANGAR #31	
			Address	
		FORT : AUDER	RDALE, FL 33309	
			City/State and Zip Code	
			or administration@flightce o be used for future annual report	
				noant, anony
For fu	rther information co	oncerning this matter, please ca	HI:	
ED	GAR I. SERRANO		786 801-420	2
	Name of	Person		ytime Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	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

TO:

STREET/COURIER ADDRESS:
Registration Section
Division of Corperations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMATZONE						
( <u>Name of the Liah</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)					
The Articles of Organization for this Limited Liability Florida document number L18000042870		and assigned				
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 "Li	imited 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 ADL	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
		<u>x</u> ;				
		78				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>ent</u> <u>ldress here</u> :	er the name of the ne				
Name of New Registered Agent:		AR []				
New Registered Office Address:						
	Enter Florida street address	<i>z</i> , <b>u</b>				
	, Florida					
	City	Zip Code				

## New Registered Agent's Signature, if changing Registered Agent:

į

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 fitted 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
MR.	MANUEL ESPINOSA	1635 NW 51st PLACE, HANGAR	■ Add
			☐ Remove
			☐ Change
MR	LEOPOLDO ESPINOSA		
		1635 NW 51ST PL, HANGAR 31,	■ Remove
			Change
			Remove
			Rentove :
			State of Medical Control of the Cont
			□ Remove
			Change
			□ Add
			☐ Remove
			Change

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			2/23/2018						
ective date, if other to the effective date is listed, the te: If the date inserted frament's effective date in the effective date in the effective date.	date must be specifin this block does	filing: _ ic and can not meet	not be prior the applica	o date of fili ble statuto	ng or more they filing rec	ian 90 days af	tional) ter filing.) his date v	Pursuant to will not be	o 605,020 : listed a
record specifies a ( he 90th day after (	the record is $8$		e, but not	an effec	tive time	, at 12:01	la.m. o	on the e	arlier o
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	✓ SignatoFe	of a mem	ber or autho	rized represi	intative of a	member			

Page 3 of 3

Filing Fee: \$25.00