L18000081711

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COVER LETTER

Div	ision of Corpo	orations		
SUBJECT:	SOYO AVIA	ATION, LLC		
Name of Limited Liability Company				
The enclosed	i Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		EUGENIO SILVA		
			Name of Person	
		EUGENIO SILVA		
			Firm/Company	
		4705 S.W. 72 AVENUE		
			Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
		EUSILVA@BELLSOUTH		
		E-mail address: (i	to be used for future annual report notific	ation)
For further i	nformation co	ncerning this matter, please ca	all:	
EUGENIO	SILVA		305 322-4183	
	Name of	Person	Area Code Daytime 1	Telephone Number
Enclosed is	a check for the	e 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)

Registration Section

TO:

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

SOYO AVIATION, LLC			
(Name of the Limit	ted Liability Cos (A Florida Limit	npany as it now appears on our record led Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited L Florida document number L18000081771	Liability Compa	any were filed on 3/30/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited l	iability company here:	
SOJO AVIATION, LLC			_
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE.	ET ADDRESS	2	
		·	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
		·	And the second s
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		S. C.
	<u> </u>	Enter Florida street uddre.	ss a land
	N/A	, FI	orida
	·	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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
•			Remove
			Change
			☐ Remove
			☐ Change
	·		Add
			□ Remove
			☐ Change
			
			Remove
			Change
			AP
			Resove Ray
			Chree ge

N/A			
			
			
	 		
			
ive date, if other than the date (of filing:	(optional)	
fective date is listed, the date must be spe	ecific and cannot be prior to date of filing or roses not meet the applicable statutory filing	more than 90 days after filing.) Pursi	uant to 605.
if the date inserted in this block to	nest not meet the applicable statutory min nent of State's records.	ng requirements, this date will n	iot be iiste
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Filing Fee: \$25.00