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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	ning Officer.	

Office Use Only



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COVER LETTER

	ration Secti on of Corpo		*1	
	RCRAFT A	AUTOMATION LLC	·	•
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed A	rticles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		Douglas Maria Aponte		
			Name of Person	
		Aircraft Automation		
			Firm/Company	
		929 Orchard Charm Ct		
			Address	
		Oviedo Florida 32765		
			City/State and Zip Code	
		leon.carlosvicente@gmai	l.com to be used for future annual report notiti	ication)
For further info	rmation con	cerning this matter, please ca		••••
Carlos V. Leor	n		407 733 8094	
	Name of P	erson	at () Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		
□ \$25.00 Filir	ng Fee	S30.00 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:

TO:

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

AIRCRAFT AUTOMATION LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on 5/29/2018	and assign	ed
Florida document number L18000132484			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C.	•••
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS	-	18 A	VIS OF
			FIARY OF CO
Enter new mailing address, if applicable:	N/A	7	389 1890 1890
(Mailing address MAY BE A POST OFFICE BOX)		~ <u>~</u>	≅ A
		27	_ <u></u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, enter the name of	the no
Name of New Registered Agent:	-		
New Registered Office Address:	Enter Florida street	address	
		, Florida	
	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 antending 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>	Address	Type of Action
MGR	Carlos Vicente Leon Villasmil	929 Orchard Charm Ct, Oviedo I	
			Remove
			Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than sometimes. If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605. ements, this date will not be liste	.0207 (. ed as ti
the record specifies a delayed effective date, but not an effective time, at the 90th day after the record is filed.	t 12:01 a.m. on the earlie	er of:
Dated 8/9/2018		
Signature of a member or authorized representative of a men		
' Samuelan - Carana -	าโาละก	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00