L18000208127

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500323215025

01/14/19--01027--007 **80.00



C. GOLDEN JAN 1 8 209

. COVER LETTER

TO:	Registration Sec Division of Corp		·	
CUPIT		ORDER AVIATION HOLDI	NGS LLC	
SUBJE	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		RAYMOND DIROCCO		
			Name of Person	
		DIROCCO & COMPANY	, C.P.A., P.A	
			Firm/Company	
		7800 W OAKIAND PARI	K BLVD C 306	
			Address	<u></u>
		SUNRISE, FL 33351		
			City/State and Zip Code	
		Jack. Keery@	+rangborderav	ration.com
				lication)
For fur	ther information co	oncerning this matter, please ca		
RAYM	MOND DIROCCO		954 358-4272 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Encios	ed is a check for th	e following amount:		
□ \$2	5.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 JAH 14 PM 4: 12

TRANSBORDER AVIATION HOL	LDINGS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)	UNLLANASSEI
The Articles of Organization for this Limited Liability Company Florida document numberL18000208127	were filed on	08/30/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
INTERNATIONAL AIRPORT SERVICES AMERICAS, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	DDRESS) 7800 W OAKLAND PARK BLD C 306		
	SUNRISE FL.	33351	
Enter new mailing address, if applicable:	780) W OAK	AND PARK BLD C 30	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE FL 33351		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		n our records, <u>ente</u>	r the name of the new
New Registered Office Address:			
New Registered Villee Address.	Enter Florida street address		
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ĺ		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	f my duties, and I an Chapter 605, F.S. O	familiar with and r, if this document is
If Cha	nging Registered A	Agent, Signature of New 1	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>	Address	Type of Action
			bbA 🗆
			□ Remove
			☐ Change
			Add
			Remove
			Change
-			O Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			Chunga

ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	JOHN KEERY
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00