

L21 000321196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

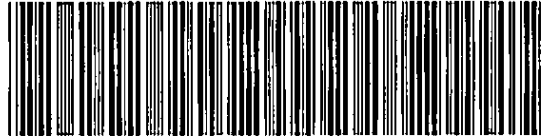
(Business Entity Name)

(Document Number)

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02/02/22--01023--004 \*\*25.00

22 JUN 27 PM 3:07

T. MATTHEWS

FEB - 3 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2022 JAN 31 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

January 12, 2022

EDWIN BRONDO  
305 9TH ST S, STE 324  
ST. PETERSBURG, FL 33705

SUBJECT: GERMAN PLATINUM AVIATION SERVICES LLC  
Ref. Number: L21000321196

We have received your document for GERMAN PLATINUM AVIATION SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 022A00000914

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** German Platinum Aviation Services 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:

Edwin Brondo

Name of Person

ETB Financial Consultants LLC

Firm/Company

305 9th St S Ste 324

Address

Saint Petersburg FL 33705

City/State and Zip Code

edbrondo@gmail.com

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

For further information concerning this matter, please call:

Edwin Brondo

727

6441814

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

22 JAN 27 PM 3:07

GERMAN PLATINUM AVIATION SERVICES 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 July 14, 2021 and assigned  
Florida document number L21000321196.

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 "LLC" 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:

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 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	Vasilaros Law PA	1920 West Bay Dr	<input checked="" type="checkbox"/> Add
		Largo FL 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIRI LLC	2551 Drew St	<input checked="" type="checkbox"/> Add
		Suite 203	<input type="checkbox"/> Remove
		Clearwater FL 33765	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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 27, 2021

  
Signature of a member

Signature of a member or authorized representative of a member

Edwin T Brondo

Typed or printed name of signee