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SECRETARY OF STATE

TALLAHASSEF

COVER LETTER

, прист.	√acilon Mia	mi Charters LLC		
OBJECT: _		Name of Lim	ited Liability Company	
he enclosed a	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
lease return a	ili correspor	idence concerning this matter	to the following:	
		Juan G Lopez		
			Name of Person	
		Vacilon Miami Charters Ll	LC	
			Firm/Company	
		3424 Garden Ln		
			Address	
		Miramar, FL 33023		
		jlrepairs@hotmail.com	City/State and Zip Code	
			to be used for future annual report noti-	fication)
or further inf	ormation co	ncerning this matter, please co	all:	
uan G Lopez			786 299-2002	
Name of Person		Person	at ()	e Telephone Number
nclosed is a c	theck for the	e following amount:		
□ \$25.00 Fil	ing 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 enclose)

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

VACILON MIAMI CHARTE	ERS LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on cliability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L77000 234110</u> .	were filed on5/16	1.3022	and assigned
Prorida document number <u>2.72 2000/125 (1).0</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			SECR PAI
Enter new mailing address, if applicable:			AUG 15 PH ALLAHASSI
(Mailing address MAY BE A POST OFFICE BOX)			EE STATE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ls, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida str	eet address	

	City	, Florida	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>	Name	Address	Type of Action
AMBR	Juan G Lopez	3424 Garden Ln Miramar, FL 33023	■Add
			Remove
			□Change
			□Add
			□Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 _____ Signature of a member or authorized representative of a member Lean of Jopez
Typed or printed name of signee

Filing Fee: \$25.00