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COVER LETTER

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TO: **Registration Section Division of Corporations**

PILOTPASS LLC

SUBJECT:

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ORIOL BELISARIO HURTADO

		Name of Person				
	C	and				
		Firm/Company				
	2000 PONCE DE LEON I	BLVD				
		Address				
CORAL GABLES, MIAMI, FLORIDA,33134						
City/State and Zip Code						
	maryfe@mybestphoto.net					
	E-mail address: (to he used for future annual report no	(ification)			
For further information c	oncerning this matter, please c	all:				
MARIA FE GONZALEZ		+1 3052-445543 at ()				
Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for th	ne following amount:					
¥ \$25.00 Filing 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: 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

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PILOTPASS LLC		JUI	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.)		
(A t lorida Limited)	Liability Company)	P.	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number 1.24000258483	16		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
PILOTPASS AVIATION 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:	2000 PONCE DE LEON BLVD. SUIT	'E 500	
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES , MIAMI.		
	FLORIDA		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ne of the new registered	
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 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
			🗆 Add
			□Change
			□ Add
			□Change
			———— 🗇 Add
			□Change
			🗆 Add
			Change
			🗆 Add
			Remove
			Change
.			Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

. .

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		2024 JUL
Signature of a member or authorized representative of a member		8
Maria fe Gonzalez	:" 	PH
Typed or printed name of signee		نن
		5

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