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SECRETARY OF STATE

COVER LETTER

TO:	Registration Secu Division of Corp			
SUBJE	ECT:	America /	Aero Group LLC	
		~!·· ·	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			David Alcalay	
America Aero Group LLC Firm/Company 7800 CONGRESS AVENUE, SUI			Name of Person	
			•	
			Firm/Company	
			GRESS AVENUE, SUITE 20	06
			Address	
		во	CA RATON, FL 33487	
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifica	ution)
For fur	ther information co	ncerning this matter, please c	all:	
	DAVI	D ALCALAY	at (561) 2	41-9990
	Name of	Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for the	following amount:		
▼ \$25	.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)
	MAII IN	JC ADDRESS:	STREET/COURIE	P ANNRESS.

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TO:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE

ASSLANASSEE, PLORIDA

AMERI	CA AERO GROUP LL	.C	ETARY OF CT.
(<u>Name of the Limited Lial</u> (A Flor	CA AERO GROUP LL bility Company as it now appear rida Limited Liability Company)	rs on our records.75	MASSEE, PLORIDA
The Articles of Organization for this Limited Liabili	ity Company were filed on		and assigned
Florida document numberL06000103499	9		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Compa	nny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		10 00 00
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST <u>O</u> FFICE BOX	<u></u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the nev
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter Florida street address		lress
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ADI BERNSTEIN	7800 CONGRESS AVENUE SUITE 206 BOCA RATON, FL 33487	Add ☐ Remove
			Add Remove
	,		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter	change(s) here: (Attach additional sheets, if nece	ssary.)
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Dated	SEPTEMBER 17	2009 A/5L	
	Signature of a m	nember or authorized representative of a member	
		DAVID ALCALAY Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00