## L09000118874

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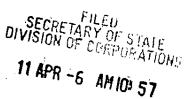
TO: Registration Section Division of Corporations			
SUBJECT: PLANE TRAVEL LLC  Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
SUSKN SIMMS Name of Person			
IAG GLOBAL INC.			
Firm/Company			
6504 CONTEMPOLANE Address			
Address			
BOCA RATON, FL 33433			
Sing of Quintal and all and			
E-mail address: (to be used the future annual report notification)			
For further information concerning this matter, please call:			
SUSAN SIMMS at (561) 368-3404  Name of Person Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PLANE TRA	WEL LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on Limited Liability Company)	our:records.)
The Articles of Organization for this Limited Liability C	ompany were filed on 12	14 (2009 and assigned
Florida document number <u>L@9000118874</u>	<del>t</del> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	· ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	Torida 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 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGR しばみ ろみいてり ☐ Add Remove ∏Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member SIMMS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00