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B. BOSTICK
MAR 10 2014
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Jett Air Services, LLC Name of Limited Liability Company	
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:	
John Kermash Name of Person	
Name of Person	
Jett Air Services, LLC Firm/Company	
Firm/Company	
2121 Willow CAIL Dr. Address	
,	
City/State and Zip Code Schw & JKPUBS. com E-mail address: (to be used for future annual report notification)	: 1
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ر أن السيد الأراب السيد الأراب ال الأراب الأراب الأر
John Kormashat (386)689 - 7536Name of PersonArea CodeDaytime Telephone Number	<u></u>
Name of Person	, ω
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

JETT AIR Services, LLC	- -	
Jett Air Services LLC (Name of the Limited Liability Com (A Florida Limited	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>u/7//</u>	and assigned
Florida document number <u>L/3000156930</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
John Kormash, LLC The new name must be distinguishable and end with the words "Limited L		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. ~?
(Principal office address MUST BE A STREET ADDRESS)		
		100 V 100 100 100 100 100 100 100 100 10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		4
		· · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		records, enter the name of the n
New Registered Office Address:		
	Enter Florida stree	t address:
	<u> </u>	, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a		

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Add
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The effective date the date this doc	e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective date	e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ument is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00