

47000113535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

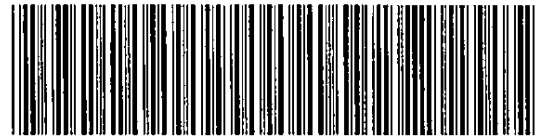
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUN 26 PM 2:57

DIVISION OF CORPORATIONS

JUN 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2017

WILLIAM DEMAREST
11738 DELWICK DR
WINDERMERE, FL 34761

SUBJECT: AIRLINERS INTERNATIONAL 2018 DCA LLC
Ref. Number: L17000113535

We have received your document for AIRLINERS INTERNATIONAL 2018 DCA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PARTNERSHIP, but your entity is a LIMITED LIABILITY CO. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 117A00011516

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2017 JUN 26 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIRLINEAS INTERNATIONAL 2018 DCA 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:

WILLIAM M. DEMAREST

Name of Person

Firm/Company

11738 DELWICK DRIVE

Address

WINDERMERE, FL 34786

City/State and Zip Code

WORLDAIRSOCIETY @ AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM M. DEMAREST

Name of Person

at (407) 496-9668

Area Code

Daytime Telephone Number

Enclosed 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)

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

AIRLINERS INTERNATIONAL 2018 DCA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/24/2017 and assigned Florida document number L15000113535.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHEN MCININICH	1813 LOCUST SHADE CT CHARLOTTESVILLE, VA 22911	<input checked="checked" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 6/21/2017 (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 JUNE 21, 2017

William M. Demarest

Signature of a member or authorized representative of a member

WILLIAM M. DEMAREST

Typed or printed name of signee