

102000016356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400129575654

05/20/08--01009--005 \*\*25.00

FILED

08 MAY 20 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Thomas MAY 21 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DUVAL-AVIATION, 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:

Eva S. Adams

(Name of Person)

Clifford B. Newton, P.A.

(Firm/Company)

10192 San Jose Boulevard

(Address)

Jacksonville, Florida 32257

(City/State and Zip Code)

FILED  
08 MAY 20 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Eva S. Adams

(Name of Person)

at ( 904 ) 262-8777

(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**

DUVAL-AVIATION, 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 06/27/2002 and assigned  
Florida document number L02000016356.

This amendment is submitted to amend the following:

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

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

**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:**

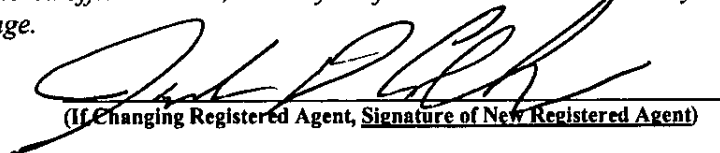
Name of New Registered Agent:	<u>Joseph D. Collins</u>
New Registered Office Address:	<u>3840 Crown Point Road, Suite A</u> (Enter Florida street address)
	<u>Jacksonville</u> , <u>Florida</u> <u>32257</u> (City) (Zip Code)

08 MAY 20 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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**

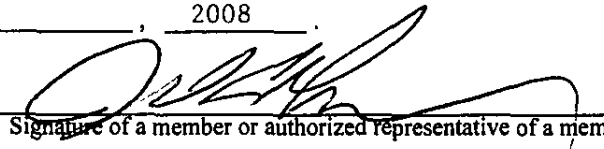
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WALTER L. WILLIAMS, JR.	4348 Southpoint Boulevard Jacksonville, Florida 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	INVESTMENTS, INC.	3840 Crown Point Road, Suite A Jacksonville, Florida 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 08 MAY 20 AM 11:12  
 SECRETARY OF STATE  
 PALM BEACH, FLORIDA

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

Principal Address and Mailing Address of the Company should be amended  
 to be 3840 Crown Point Road, Suite A, Jacksonville, Florida 32257.

Dated May 2008

  
 Signature of a member or authorized representative of a member  
 J. D. Collins  
 Typed or printed name of signee