L13000029790

(Re	equestor's Name)	
(Ac	ldress)	
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B. KOHR



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

ACS 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:



Name of Person

ACS AVIATION, LLC.

Firm/Company

4130 NW 6TH ST.

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

MCSMIA@GMAIL.COM

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

For further information concerning this matter, please call:

MARK C SKOREY

954 **856-3292**

Name of Person

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

ACS AVIATION, LLC.

THE STATE OF THE S (Name of the Limited Liability Company as it now appears on our records.

(711101)4	Emmed Elability Company)	6.3
The Articles of Organization for this Limited Liability	Company were filed on 2/26/2013	3 Salasigned
Florida document number L13000029790		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la 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 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>	Address	Type of Action
PRESIDENT	MARK C SKOREY	4130 NW 6TH ST	Add
		DEERFIELD BEACH, F	
		33442	
			Add
			Remove
			_
			Remove
	•		Add
			Remove
			Add
			Remove
			Add
			Remove

f amending any otl	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	·····
_{ed} 3/22	2013
	Mark Son
	Signature of a member or authorized representative of a member
	MARK C SKORFY
-	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00