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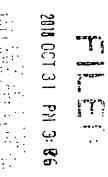
(Requestor's Name)
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COVER LETTER

Division of Corp	orations				
SUBJECT:	TA Jets V	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	idence concerning this matter t	to the following:			
	Ale	X Welssman	·		
	ETA	Jets uc			
	7301 N	Fed Hwy Address	10-308		
	Boca Pat	5N, FL City/State and Zip Code	33487		
	alex c	flyeta jets.	6m	2011 OCT	
For further information co	ncerning this matter, please ca	o be used for future annual report noti	neation))CT 31	-
ALEX	WEISSMAN	ar(<u>845)</u> 598	-8579		¥
Namé of	Person	Area Code Daytim	ne Telephone Number	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for the	e following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & Opy	

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

(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 $10/23/8$ Florida document number $4/8000249442$	3 and assign	ned
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 contain the words "Limited Liability Company," the designation "LLC" or the	e 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)		
B. If amending the registered agent and/or registered office address on our records, ent registered agent and/or the new registered office address here: Name of New Registered Agent:	ter the name of	the new
	/2	7.00
New Registered Office Address: Enter Florida street address		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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
 Address
 Type of Action

 MGR | ALEX | WEISTMAN | 7801 | N Fed | hw | 10 308 | 0 Add
 0 Add

 BOOK Parker | FL | 33 487 | 0 Add
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