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Account Number : FCA00000003 Account Name

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TRANSMISSION VERIFICATION REPORT

COVER LETTER

TO: Registration Division of C			
SUBJECT:		N AIRCRAFT SERVICES	· · · · · · · · · · · · · · · · · · ·
Ne	ime of Florida Limited Pa	rtnership or Limited Liabilit	ly Limited Partnership
		and fee(s) are submitted	for filing.
Please return all con	respondence concerni	ng this matter to:	
	DAVID PASELTINER		٠ ,
	Contact Person		
JAS	PAN SCHLESINGER LI	.P	
	Firm/Company		•
300	GARDEN CITY PLAZ	Α	
	Address		
GA	ARDEN CITY, N.Y. 1153	0	•
	City, State and Zip Code		
DPASE	LTINER@JASPANLLP.	сом	
	be used for future annual		
For further informat	ion concerning this m	atter, please call:	
David	Paseltiner	at (746-8000
Name of Centa	ct Person	Area Code and Day	time Telephone Number
Enclosed is a check	for the following amo	ount:	
\$52,50 Filing Fee	561.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporat	tions	Division of C	Corporations
Clifton Building		P. O. Box 63	
2661 Executive Centraliahassee, FL 323		Taliahassee,	FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Magellan Aircraft	
taser name currently on the w	ith Florida Department of State
	e was filed with the Florida Department of State on a document numberA10000000335
adopts the following certificate of amendment to its	pertificate of limited partnership.
This amendment is submitted to amond the following:	
A. If amending name, enter the new name of the limit here:	ed partnership or limited liability limited partnership
B & B Marketing E	interprises LLLP
New name must be distinguishable	and contain un acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership, t Acceptable Limited Liability Limited Partnership suffixes: Limi	Limited, L.P., LP, or Ltd. ted Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal principal office address here:	
New Principal Office Address: (Must be STREST address)	10 DEC 30
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registered new registered agent and/or the new registered office at	i office address on our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	(r)'

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.

If Changing Registered Agent, Signature of New Registered Agent

D.	If amending	the general	partner(s),	enter the nam	e und businem	address of	each genera	l partner being
ade	<u>ded or rumave</u>	ed from our r	records:					

Title	Name	Address	Type of Action			
	Parameter September 1 St.		Add Remove			
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			Add Remove		•	•

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited	Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other inform	uauor, color coat	ngo(s) nere: {Al	iden adamondi SAS	сы, у песемигу.)	
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