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D. BRUCE
OCT 15 2010
EXAMINER

## COVER LETTER

TO: Registration'Section Division of Corporations
SUBJECT: AVIATION RESOURCES, 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:
Sharon J. Ballgae  Aviation Recruiting, LLC  Firm/Company
420 College Drive, Suite 207
Middleburg, Florida 32068
Sbalgae @ aviation recruiting. net  Enail address: (to be used for future annual report notification)  Enail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharon Balgae at (94) 264-0097 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} 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

HVIUTION KESO	urces, L.L.C.
( <u>Name of the Limited Liability</u> (A Florida L	Company as (now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on March 16, 2001 and assigned
Florida document number <u>LOI 0000408</u>	<u>Q</u> .
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:
AVIATION RECRUITING The new name must be distinguishable and end with the work "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	Aviation Recruiting  420 College Drive Suite 207
	Middleburg, Fl 32968
Enter new mailing address, if applicable:	ASS 4 T
(Mailing address MAY BE A POST OFFICE BOX)	To a D
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	P . Pl +1
	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 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 = Mar MGRM = M	nager lanaging Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
			,	Add Remove
				Add Remove
				Add Remove
		The state of the s		Add Remove
			. r = . j	Add Remove
D. If amend	ling any other information	, enter change(s	s) here: (Attach additional sheets, if nec	essary.)
				TIL MD
— () <sub>0</sub>	taha 17	-201	Α.	S AIE S
Dated <u>OC</u>	tober 13	, a01	7) /	
	Sharon	J. Box	-authorized representative of a member  11906 — CEO  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00