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COVER LETTER

TO:	Registration So Division of Cor					
eun ic		Aviation Partners, LLC				
SUBJECT:Name of Limited Liability Company						
		Amendment and fee(s) are sub	_			
		Paul Cipparone	g			
Name of Person						
		Cipparone & Cipparone, P	.A.			
Firm/Company						
	1525 International Parkway, Suite 1071					
Address Lake Mary, Florida 32746						
		Lake Mary, Florida 32746				
			City/State and Zip Code			
		jejetaviation@gmail.com E-mail address: (to be used for future annual report notification)				
For furt	ther information of	concerning this matter, please co	·	,		
Paul C	pparone 321 275-5914					
	Name o	of Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for t	he following amount:				
\$25	5.00 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

Executive Aviation Partners, 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 $\frac{09/27/2002}{1}$ and assigned Florida document number ____L02000025454 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 abbreviation 120 Kaywood Drive Enter new principal offices address, if applicable: Sanford, Florida 32771 (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, enter the name of the new registered agent and/or the new registered office address here: James C. Watkins Name of New Registered Agent: 120 Kaywood Drive New Registered Office Address: Enter Florida street address Sanford 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

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert G. Dello Russo	531 Codisco Way	□ Add
		Sanford, Florida 32771	■ Remove
			Change
MGR	James C. Watkins	120 Kaywood Drive	
		Sanford, Florida 32771	□ Remove
			Change
			□ Add
			Change
			Add Add Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>
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Effective date, if other than the date of filing:	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th The 90th day after the record is filed.	ne earlier of:
Dated October 31 2017 James C Wolfberg Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member James C. Watkins Typed or printed name of signee	

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Filing Fee: \$25.00