# L020000 33037

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer;	

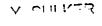
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 126046 7736440

AUTHORIZATION

COST LIMIT : 25.00

ORDER DATE: January 8, 2020

ORDER TIME : 2:34 PM

ORDER NO. : 126046-005

CUSTOMER NO: 7736440

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#### DOMESTIC AMENDMENT FILING

NAME: APOLLO AVIATION, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS:

# **COVER LETTER**

	istration Se ision of Cor			
SUBJECT:	Apollo Avia	ation, LLC		
JODGECT.		Name of Lin	nited Liability Company	
The enclosed	l Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lisa Baptiste, Corporate A	dministrator	
			Name of Person	
		Carlyle Aviation Partners	Ltd.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		848 Brickell Avenue Suite	500	
			Address	
		Miami FL 33131		
			City/State and Zip Code	<del></del>
		LisaB@carlyle.aero	_	
For further in	nformation co	E-mail address: ( oncerning this matter, please o	to be used for future annual report of all;	notification)
Lisa Baptiste	:		786 476-2383 at ()	
	Name of	f Person	Ares Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(2) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	Box 632		The Centre o	f Tallahassee
Tailahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apollo Aviation, LLC			
(Name of the Lin	ited Liability C (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Florida document number L02000033037	Liability Com	pany were filed on December 10, 2002	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
Carlyle Aviation Partners LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRES	<u> </u>	
			20
			7.
Enter new mailing address, if applicable:		N/A	A T
Mailing address MAY BE A POST OFFICE	E BOX)		<u></u> <del>\documents</del> \documents
		<u></u>	7
			وي :
B. If amending the registered agent and/or agent and/or the new registered office addr	registered of:	fice address on our records, <u>enter th</u>	e name of the new registered
	<u> </u>		•
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		<u> </u>
		Enter Florida street address	
		, Flori	
		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
		<del></del>	
		<del></del> ,	
			□Remove
			□Add
			□Remove
			□Change
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Effecti	ve date, if other than the date of filing: (optional)
f an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docume	ent's effective date on the Department of State's records.
e record nd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
(U 15 11)	ou.
Dated :	anuary 8 2019
_	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00