

# L03000015424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

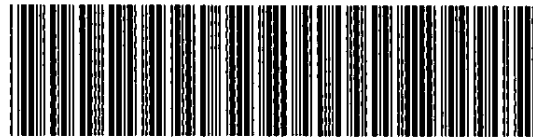
(Business Entity Name)

(Document Number)

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## 400185713524

RECEIVED  
10 SEP 28 AM 10:43  
OFFICE OF THE STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2010 SEP 28 PM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
SEP 28 2010  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 523534 89162A

AUTHORIZATION

*[Handwritten signature]*

COST LIMIT \$ 25.00

ORDER DATE : September 28, 2010

ORDER TIME : 9:27 AM

ORDER NO. : 523534-015

CUSTOMER NO: 89162A

DOMESTIC AMENDMENT FILING

NAME: AEROSERVICE AVIATION CENTER,  
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: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2010 SEP 28 PM 10 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AEROSERVICE AVIATION CENTER, 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 April 30, 2003 and assigned  
Florida document number L03000015424

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LEQ AVIATION, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(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:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*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.*

N/A

**If Changing Registered Agent, Signature of New Registered Agent**

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 = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
X			<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

VITO LA FORGIA  
Typed or printed name of signer

2019 SEP 28 PM 11:08  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

FILED