103 0000 32915

•		
(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name))
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
,		
		\mathcal{A}
		4/26
	Office Use Only	CIHON



400059547444

03/16/05--01019--004 **50.00

05 SEP 16 PH 4: 03

COVER LETTER

TO: Registration Division of	n Section Corporations					
SUBJECT: ATF	PFL, LLC (Name of L	imited Liability Company)				
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.				
Please return all cor	respondence concerning this matte	er to the following:				
	Justin Dennis					
		(Name of Person)				
	ATP FL, LLC					
		(Firm/Company)				
	PO Box 1784					
		(Address)	· · · · ·			
	Ponte Vedra Bea	ach, FL 32004				
	(Cit	y/State and Zip Code)		≅ g	05.	
For further informat	ion concerning this matter, please	call:		25.00 AV	05 SEP 16 PH 4: 03	רווידו
Justin	Dennis	at (904)	476-9147		PM	
	(Name of Person)	(Area Code &	Daytime Telephone	Numba C	 4: 03	
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certification Certified	0 Filing Fee, te of Status & Copy nal copy is enc	losed)	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT \mathbf{TO} ARTICLES OF ORGANIZATION OF

<u>A</u> .	TP FL, LLC	
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on September 2, 2003 and assigned document number L03000032915	
SECOND:	This amendment is submitted to amend the following:	
	1. Name. The name of the Company is being amended to "ATP Flight Academy, LLC".	
	2. Principle Place of Business. The Company's principal office shall be located at	
	3208 Sawgrass Village Circle, Ponte Vedra Beach, Forida 32082	
	—————————————————————————————————————	90
		05 SEP
		16 P
		3
	ORIDITA O	
0-		N)
Dated SE	eptember 14, 2005	
	ΔM	
	Signature of a member or authorized representative of a member	
	Jim Koziarski. President	

Filing Fee: \$25.00

Typed or printed name of signee