L04000063705

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B. BOSTICK

JUL 1 8 2011

EXAMINER

COVER LETTER.

TQ:	Division of Corpora		• 5				
SUBJE	CT:	Barbladon A	ircraft Leasing, LLC				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company					
The end	closed Articles of Ame	endment and fee(s) are sul	bmitted for filing.				
Please	return all corresponder	nce concerning this matter	r to the following:				
			Dan St. John				
	_		Name of Person				
			St. John & Partners				
Firm/Company					TAL	===	
5220 Belfort Rd., Suite 400				LAH	11 JUL 15 AM 12: 07	Y	
	_		Address		ASS	ا ت	251,459 1 1
Jacksonville, FL 32256					m ₌		j
	City/State and Zip Code			FLORID	<u>15</u>	in large	
		E-mail address: (dstjohn@sjp.com to be used for future annual report no	tification)	AGIS	7	•
For furt	ther information conce	rning this matter, please o	call:			(
	Dan S	St. John	at (904_)	616-6992			
Name of Person		son	Area Code & Daytime Telephone Number] }		
Enclose	ed is a check for the fo	Howing amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status &		l)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle				

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Barbla (<u>Name of the Limited I</u> (A	adon Aircra Liability Compa Florida Limited L	off Leasing, LLC ny as it now appears on o Liability Company)	ur records.)			
The Articles of Organization for this Limited Lia Florida document number L04000063	bility Company		5/27/04	and assig	gned	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," th	e designation "	LLC" or the ab	breviation	
Enter new principal offices address, if applica	ble:	Dan St. John		Ps -		
(Principal office address MUST BE A STREET	ADDRESS)	5220 Belfort Rd., S	Suite 400	FS =	*****	
		Jacksonville, FL 3	2256	55	erantament American	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAUD AS ABUUD		S AN IZ: U I		
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, <u>enter</u> (the name of	the new	
Name of New Registered Agent:	Dan St. Joh	n				
New Registered Office Address:	5220 Belfort Rd., Suite 400 Enter Florida street address					
	.la	acksonville	, Florida	32256		
		City	, rionua	Zip Code		
New Registered Agent's Signature, if changing Re	gistered 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. It 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 = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** 6 ar L. Purcell 2917 Doctoris Lake Dr. Orange Park, FL 32013 __ Add __ Remove Dan St. John 5220 Belfort Rd., Suite 400 Jacksonville, FL 32256 Add 🔲 Remove Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 31st, 2011 Dated ___ Signature of a member or authorized representative of a member Dan St. John Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2011

DAN ST. JOHN 5220 BELFORT ROAD SUITE 400 JACKSONVILLE, FL 32256

SUBJECT: BARBLADON AIRCRAFT LEASING, L.L.C.

Ref. Number: L04000063705

We have received your document for BARBLADON AIRCRAFT LEASING, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Letter Number: 811A00016018

Barbara Bostick Regulatory Specialist II

www.sunbiz.org