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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 09 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AVION SALES, LLC**

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shayna M. Bechtel

(Name of Person)

Shayna M. Bechtel, P.L.

(Firm/Company)

Post Office Box 101339

(Address)

Palm Bay, Florida 32910-1339

(City/State and Zip Code)

For further information concerning this matter, please call:

Shayna M. Bechtel

(Name of Person)

at ( 321 ) 723-0010

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 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**

**FILED**

2009 JAN -6 AM 8: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AVION SALES, 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 December 13, 2004 and assigned  
Florida document number L04000089553.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5905 Seagrape Drive

Fort Pierce, Florida 34982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5905 Seagrape Drive

Fort Pierce, Florida 34982

**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:

Shayna M. Bechtel

New Registered Office Address:

601 Sauders Road SE

*(Enter Florida street address)*

Palm Bay

*(City)*

, Florida 32909

*(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.*

  
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Arden Doss, Jr.	3731 NE Pineapple Avenue, Suite C200 Jensen Beach, Florida 34957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EVSHEL, INC.	5905 Seagrape Drive Fort Pierce, Florida 34982	<input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated December 30, 2008

*Arden Doss, Jr.*

Signature of a member or authorized representative of a member

Arden Doss, Jr.

Typed or printed name of signee