

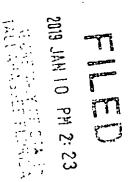
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## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	Mako Leasin	ig Company I, I.LC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Richard S. Gardner			
		-	Name of Person		
		Mako Leasing Company I,	LLC		
	Firm/Company				
	6303 Blue Lagoon Drive, STE 400				
		<del></del>	Address		
		Miami, FL 33126			
			City/State and Zip Code		
		rick@caribbeanskytours.com			
		E-mail address: ()	to be used for future annual report notificatio	2018	
For further in	nformation cor	ncerning this matter, please ca	ill:		77
Richard S. C	Jardner		305 989 8538		CYPERTON OF THE PERSON OF THE
	Name of I	Person	Area Code Daytime Tele	phone Number	M
Enclosed is a	check for the	following amount:		23 23 23 23	
□ \$25.00 F	iling 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

TO: · Registration Section

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

Mako Leasing Company I, 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 February 21, 2005 and assigned Florida document number \_\_\_\_\_L05000017542 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the nated of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

## 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
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Mective date, if other than the an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	ast be specific and cannot block does not meet the	be prior to date of applicable state	filing or more than 9	(optional) 0 days after filing.) I ments, this date w	Pursuant to 605.02 ill not be listed
e record specifies a delaye The 90th day after the re	d effective date, l cord is filed.	out not an eff	ective time, at	12:01 a.m. o	n the earlier
		,			
January 09 Pated	2018	•			
Dated January 09	2011	•			
Pated January 09	Signature of a member	· · · · · · · · · · · · · · · · · · ·	percentative of a management		

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Filing Fee: \$25.00