

LOS0000033840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

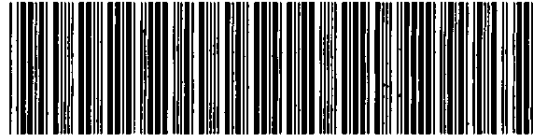
Special Instructions to Filing Officer:

A. LUNT

SEP 10 2008

EXAMINER

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09/09/08--01028--008 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP -9 P 2:12

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Monarch Air Group, 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:

Paul S. Slavin

(Name of Person)

Monarch Air Group, LLC

(Firm/Company)

5535 N.W. 23rd Ave. Hanger 16

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Slavin

(Name of Person)

at (772) 486-9199

(Area Code & Daytime Telephone Number)

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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**

Monarch Air Group, 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 04/06/2005 and assigned Florida document number L05000033840.

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)

5535 N.W. 23rd Ave.

Hanger 16

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5535 N.W. 23rd Ave.

Hanger 16

Fort Lauderdale, FL 33309

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TALLAHASSEE, FLORIDA

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:

Paul Slavin

New Registered Office Address:

5535 N.W. 23rd Ave. Hanger 16

(Enter Florida street address)

Fort Lauderdale

(City)

Florida 33309

(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	Jacob Gitman	1111 Kane Concourse Suite 518 Bay Harbor Islands, FL 33154	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Anatoly Golubchik	900 Palisade Ave. Apt 2205 Fort Lee, NJ 07024	<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

SECRETARY OF STATE
 DEPT. OF TREASURY
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 TAMPA, FLORIDA

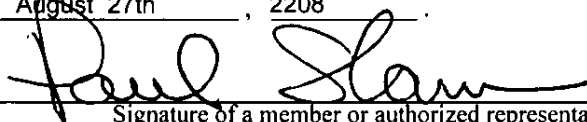
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Amend addresses for the following managers:

Paul Slavin 5535 N.W. 23rd Ave. Hanger 16 Fort Lauderdale , FL 33309

Timothy Carman 2215 River Ridge Road, Arlington, TX 76017

Dated August 27th, 2208



Signature of a member or authorized representative of a member

Paul Slavin, MGRM

Typed or printed name of signer