L050000 38154

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COVER LETTER

Division of Corpo	rations		
Club 69, L	LC		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Labar W. Gallian III		
	John W. Collins, III		
		Name of Person	
	Club 69, LLC		
		Firm/Company	
	227 N. Lake Hartridg	ge Dr.	
		Address	
	Winter Haven, FL 33	3881	
		City/State and Zip Code	
	jc@pcstesting.net		
	E-mail address: (to	o be used for future annual report notificat	ion)
For further information con	cerning this matter, please ca	ill:	
John W. Collins		863 698-9917	
Name of F	'erson	Area Code Daytime Te	lephone 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:

TO:

Registration Section

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 2015 JAN 27 AM II: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Club 69, 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 April 19, 2005	and assigned
Florida document number L05000038154	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Florida Central Aviation, LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	, Florida	
	City	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

$ \mathbf{MGR} = \mathbf{M}_{\mathbf{M}} $ $ \mathbf{AMBR} = \mathbf{A}_{\mathbf{M}} $	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ctive date, if other than the di effective date must be specific, cannot date this document is filed by the Flori	ate of filing: be prior to date of receipt or filed date and cannot be meda Department of State)	(optional) ore than 90 days after
d January 21	<u>2015</u>	
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Ihu C	elle.	
1 /	gnature of a member or authorized representative of a	member
John W. Collins, III	gnature of a member or authorized representative of a	member

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Filing Fee: \$25.00

