L05000049238

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. (Ad	ldress)	
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(Cir	ty/State/Zip/Phone	= #)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RD AIR SERVICES, 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:	
STEVEN M. CHAMBERLAIN	
(Name of Person)	
STEVEN M. CHAMBERLAIN, PL	
(Firm/Company)	
434 DELANNOY AVE., STE 204	
(Address)	
COCOA, FL 32922	
(City/State and Zip Code)	
For further information concerning this matter, please call:	>
STEVEN CHAMBERLAIN at (321) 636-4402	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy}\$\$ \$60.00 Filing Fee & \text{Certified Copy}\$\$ \$Certified Copy \$Certified Copy}\$\$ \$Certified Copy \$Certified Copy\$\$ \$	Status &
MAILING ADDRESS: STREET/COURIER ADDRESS:	

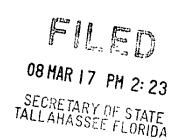
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RD AIR SERVICES, LLC	,	
(Name of the Limited I	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.)
	i tortal Ellinea Ellionity Company)	
The Articles of Organization for this Limited Lia	ibility Company were filed on 05/17/2005	and assigned
Florida document number <u>L05000049238</u>	•	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offi		s, enter the name of the new
•		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
	, FI	lorida
	(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 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 Type of Action **Title Address** <u>Name</u> **4341 NE 48TH AVENUE MGRM** G. RANDALL DUENSING ☐ Add GAINESVILLE, FL 32609 **∏** Remove TRACEY DUENSING ☐ Add MGRM **4341 NE 48TH AVENUE** MGR SCOTT BRANHAM 4341 NE 48TH AVENUE ✓Add GAINESVILLE, FL 32609 Remove Add Remove Add Remove ΠAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 2008 Signature of a member or authorized representative of a member Steven M. Chamberlain, authorized representative

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Filing Fee: \$25.00