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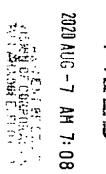
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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SHD IEZ		r Aviation Northside, LLC	. *			
SOBJEC	,1: <u></u>	Name of L	imited Liability Company			
Subject: Sheltair Aviation Northside, LLC						
			-			
	Division of Corporations Sheltair Aviation Northside, LLC					
		<u> </u>	Name of Person			
		Saavedra-Goodwin				
			Firm/Company			
		312 S.E. 17th Street, 2nd	d Floor			
			Address			
		Fort Lauderdale, FL 333	16			
			City/State and Zip Code			
		-				
			,	itication)		
For furth	er informatic	on concerning this matter, please	call:			
Dena Au	iletto					
	Nan	ne of Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check fo	or the following amount:				
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
				etion		
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I	P.O. Box 6	5327	The Centre of T	The Centre of Tallahassee		
•	Tallahasse	e. FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	25
		7020 AUG-
Sheltair Aviation Northside, LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	3,552
(,	A Florida Limited Liability Company)	20°
The Articles of Organization for this Limited Lia	bility Company were filed on 7/29/2005	and assigned
Florida document number L05000075056		22%
Torrad document number	·	36. 8
This amendment is submitted to amend the follow	vinor	
This different is subtiffeed to different the follow	ong.	
A. If amending name, enter the new name of	the limited liability company here:	
<u></u>	the mines habite, company nere.	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LEC" or t	he abbreviation "L.L.C."
••		
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
		
Enter new mailing address, if applicable:		
**		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
D. If any and in the constitution of		
b. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address	here:	
Name of New Registered Agent:		
Name of New Aegistered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	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 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
COO/S	Warren D. Kroeppel	4860 N.E. 12th Avenue	□ Add
		Fort Lauderdale, FL 33334	≣Remove
			□Change
			□Remove
			□Remove
			
			□Remove
			Change
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ective date	, if other than the da	e of filing:			(optiona	d)	
effective da <u>e:</u> If the di	e is listed, the date must be te inserted in this block	specific and canno does not meet th	ot be prior to date one applicable sta	d filing or more than tutory filing requi	i 90 days after fili: rements, this da	ng.) Pursuant to 60 ite will not be lis	5.0207 ted as
ument's ef	ective date on the Depai	tment of State's	records.				
, .,							
cora specii s filed.	es a delayed effective da	te, but not an ef	fective time, at	2:01 a.m. on the	earlier of: (b)	The 90th day afte	er the
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Filing Fee: \$25.00