L05000114208

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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section **Division of Corporations**

AOA Personal Air Limo, 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:

Nicole C. Smith

Name of Person

Trax Capital Management

200 South Orange Avenue, Suite 2800

Address

Orlando, Florida 32801

City/State and Zip Code

nsmith@traxcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole C. Smith

at (407) 377-0565x703

Area Code & Daytime Telephone Number

Name of Person

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



January 29, 2013

NICOLE C. SMITH TRAX CAPITAL MANAGEMENT 200 SOUTH ORANGE AVENUE, SUITE 2800 ORLANDO, FL. 32801

SUBJECT: TRAX AIR CHARTER, LLC

Ref. Number: W13000005674

We have received your document for TRAX AIR CHARTER, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 513A00002219

To: Florida Department of State - Division of Corporations

From: Trax Air Charters, LLC

Date: February 4, 2013

RE: Trax Air Charters, LLC - Dissolution of company

To whom it may concern:

Trax Air Charter, LLC (L12000153420) filed a voluntary dissolution on January 7, 2013. Trax Air, LLC ("Trax Air") (L12000082513) the Manager and sole member of Trax Air Charter, LLC has no intention to reinstate Trax Air Charter, LLC under any circumstances. Furthermore Trax Air relinquishes the name Trax Air Charter, LLC to AOA Personal Air Limo, LLC a Trax Air managed company.

AOA Personal Air Limo, LLC ("AOA") filed a name change Amendment January 29, 2013. The Amendment was rejected since the company Trax Air Charter, LLC was recently dissolved. The rejected filing claim number W13000005674 should be reinstated and approved.

Bryan Brewer, Manager of Trax Air, LLC

FILED

ARTICLES OF AMENDMENT 2013 FEB -6 AM II: 16

ARTICLES OF ORGANIZATION ECRETARY OF STATE OF TALL AHASSEE, FLORIDA

AOA Personal Air Limo, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	oility Company were filed on 11/29/2	2005 and assigned
Florida document number L05000114208	•	_
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Trax Air Charter, LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futou Di	orida street address
	Enter Fil	Driuu sireel aduress
-		, Florida
	City	Zin 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				
Title	Name	<u>Address</u>	Type of Action	
			Add	
			Remove	
••			Add	
			Remove	
			Add	

			Remove	
			Add	
		***************************************	Remove	
			Add	
		·	Remove	

D. If amending any other	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
Dated January 25	2013
See S	
	Signature of a member or authorized representative of a member
Scott Koe	nnlein - Vice President, Trax Air, LLC
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 FEB -6 AM II: 1