

LO0000024594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

LO6 - 24594  
(Document Number)

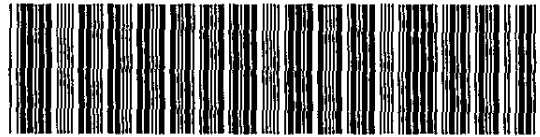
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Special Instructions to Filing Officer:

3/29

amend

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAMPA AVIATION ASSOCIATES, 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:

KARL CROSS

(Name of Person)

TAMPA AVIATION ASSOCIATES, LLC

(Firm/Company)

8004 NW 154th STREET, SUITE # 383

(Address)

MIAMI LAKES, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

KARL CROSS

(Name of Person)

at ( 954 ) 205-9023

(Area Code & Daytime Telephone 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:**  
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**

**TAMPA AVIATION ASSOCIATES , LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on MARCH/08/2006 and assigned  
document number L06000024594.

**SECOND:** This amendment is submitted to amend the following:

1. REGISTERED AGENT CHANGE TO : KARL CROSS

ADDRESS : 8004 NW 154th STREET SUITE # 383

MIAMI LAKES , FL 33016

2. MEMBER/MANAGER : KARL CROSS

ADDRESS : 8004 NW 154th STREET SUITE # 383

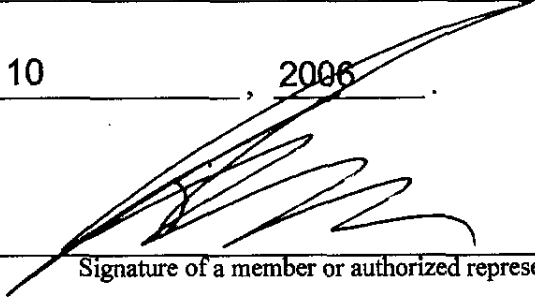
MIAMI LAKES , FL 33016

3. MEMBER/MANAGER : YUVAL LEVY

ADDRESS : 2301 NW 33rd COURT SUITE # 111

POMOANO BEACH , FL 33069

Dated MARCH / 10, 2006.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

KARL CROSS

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

The name and the Florida street address of the registered agent are:

KARL CROSS

Name

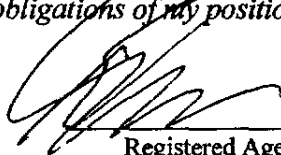
8004 NW 154th STREET SUITE # 383

Florida street address (P.O. Box **NOT** acceptable)

MIAMI LAKES, FL 33016

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..*



Registered Agent's Signature (REQUIRED)