L06000050460

Office Use Only



900214128709

11/14/11--01014--014 **30.00

11 NOV 14 PAIR: 35

B. BOSTICK NOV 1 6 2011

EXAMINER

COVER LETTER

AUDIPOT.	I vn Ae	erospace, LLC		
SUBJECT:		ited Liability Company		
	es of Amendment and fec(s) are sul	•		
		James Dowling		
		Name of Person		
Lyn Aerospace, LLC				
		Firm/Company		
	1490	Highway A1A, suite 202		
		Address		
	Sa	tellite Beach, FL 32937		
		City/State and Zip Code		
	j	d@lynaerospace.net		
		to be used for future annual report notifica		
For further informati	ion concerning this matter, please of	eall:	00-1240	
	James Dowling	41 ()	30 12-70 ; 1;	in maga <u>n</u>
Na	me of Person	Area Code & Daytime T	Telephone Number To	
Enclosed is a check for the following amount: \$\int \\$25.00 \text{ Filing Fee & Certificate of Status}\$		\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fec, Certificate of Status &	
		(additional copy is enclosed)	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

Lyn Aeros (<u>Name of the Limited Liability Compa</u> (A Florida Limited I	pace, LLC Invas it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL06000050460	were filed on16 May 2006	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1490 Highway A1A	Ps -		
(Principal office address MUST BE A STREET ADDRESS)	suite 202	See		
	Satellite Beach, FL 32937			
		The To said		
Enter new mailing address, if applicable:	1490 Highway A1A	سند تت آیا		
(Mailing address MAY BE A POST OFFICE BOX)	suite 202	97 N		
	Satellite Beach, FL 32937	DE S		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter Florida street d	Enter Florida street address		
	, Florida,	Zip Code		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If ai		nge(s) here: (Attach additional sheets, if necessary. BLVD, ste 219, Melbourne, FL 32940)
	TO: 1490 Highway A1A, suite 202	, Satellite Beach, FL 32937	₹
			ALL YON II
Dated _	3 NOVEMBER, 2	0//	Stell Floring
		per or authorized representative of a member	<u>~~~</u>

Page 2 of 2

Filing Fee: \$25.00