

**LD60000051523**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : WARD, DAMON & POSNER, P.A.  
Account Number : 072262000447  
Phone : (561)842-3000  
Fax Number : (561)842-3626

RECEIVED

06 MAY 31 AM 8:00

DIVISION OF CORPORATIONS

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**AERONAUTX FLIGHT TRAINING, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

1101

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 31 AM 10:50

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AND  
FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aeronautx Flight Training, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell A. Kerr

(Name of Person)

Ward, Damon, Posner, P.A.

(Firm/Company)

4420 Beacon Circle

(Address)

West Palm Beach, Florida 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

Russell A. Kerr

(Name of Person)

at ( 561 ) 842-3000

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (06/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Aeronautx Flight Training, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The principal office address and mailing address of the limited liability company was incorrectly stated as follows:

P.O. Box 2279, Jupiter, Florida 33468. The correct principal office and mailing address of the limited liability company is:

11610 Aviation Blvd, Suite A3, West Palm Beach, Florida 33412.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 31, 2006

*Russell A. Kerr*  
Signature of a member or authorized representative of a member

Russell A. KERR, Esq.  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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