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DIVISION OF CORPERATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIATION INVENTORY MANAGEMENT CO. (AIMCO), LLC

Name of Limited Liability Company

The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	C+	oven G. Miller, Esquire	
	Steven G. Miller, Esquire Name of Person		
		Firm/Company	
	4800 North	Federal Highway, Suite 100	⊩D
	4000 140711	Address	
	В	oca Raton, FL 33431 City/State and Zip Code	
	F-mail address: ()	sgmatty@aol.com to be used for future annual report notifica	tion)
For further information con	cerning this matter, please c		inon
Steven G.	. Miller, Esquire	at (_561_)3	67-7785 Felephone 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

AVIATION INVENTORY MANAGEMENT CO. (AIMCO), LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	Torida Emilica Esability Company	,					
The Articles of Organization for this Limited Lia		5/24/2006	and assigned				
Florida document number L06000053	703 .						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."							
Enter new principal offices address, if applica	ble:		<u></u>				
(Principal office address MUST BE A STREET	(ADDRESS)	· ·	3 8 8				
			SIO				
			7 68				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE B	<u> </u>		3 198				
			9				
The second secon			න <u>බ</u> ්				
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter t	he name of the new				
Name of New Registered Agent:	CLAUSEN, ELLEN	· · · · · · · · · · · · · · · · · · ·					
New Registered Office Address:	3611 NE 16+6 Pompano Beac	n Terrace					
		Enter Florida street add	ress				
	Pompano Beau	.h , Florida	33064				
	City		Zip Code				
New Registered Agent's Signature, if changing R	egistered 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							

Page 1 of 2

Andrew P. White
Commission # DD646128
Expires: MAY 08, 2011
www.AARONNOTARY.com

a pm

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	<u>Name</u>	Address	Type of Action
MGRM	VAUGHN, ANGELA	3611 N.E. 16th Terrace Pompano, FL 33064	Add Remove
MGR_	VAUGHN, ANGELA	3611 N.E. 16th Terrace Pompano, Fl. 33064	Add ✓ Remove
MGRM	CLAUSEN, ELLEN	3611 N.E. 16th Terrace Pompano, FL 33064	Add Remove
MGR	CLAUSEN, ELLEN	3611 N.F. 16th Terrace Pompano, Fl. 33064	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			_
	- 1/		
Dated	Ellen	Clausen	
		er or authorized representative of a member	•
		ELLEN CLAUSEN ed or printed name of signee	
	-744		

Page 2 of 2

Andrew P. White
Commission # DD646128
Expires: MAY 08, 2011
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