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SECRETARY OF STATE
ALLAHASSEF FI ORIDA

D. BRUCE
OCT 07 2008
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Freedo	m Aviation Manufac	turing, LLC			£
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Brian Warner				
		(Name of Person)			
	Freedom Aviation Manuf	facturing, LLC			
		(Firm/Company)		OB SECT TALL	
	3150 Airmans Dr			OCT NETA NHAS	רוב
		(Address)		-6 RY C	FILED
	Fort Pierce, FL 34946	(C': 10 13' O 1)		PII !	D
		(City/State and Zip Code)		PN 12: 53)F STATE FLORIDA	
For further information of	concerning this matter, please c	all:		-	
Brian Warner		at (772) 489-2363			
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	er)	
Enclosed is a check for t	the following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	osed)

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

Freedom Aviation Manufacturing, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/25/2006 and assigned Florida document number <u>1.06000062449</u> 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (Citv) (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, 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 **Type of Action Address** MGR Jack Warner **∎** Add 133 Barry Ave. Little Torch Key, FL 33042 Remove 🗂 Add Remove Remove _ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess and the control of the contro CT Dated 10/01/68 Signature of a member or authorized representative of a member Brian Warner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00