L06000062524

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B. KOHR

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EXAMINER

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· COVER LETTER

Division of Corpo	orations		ر مي`
SUBJECT:	Propel Avia	tion Services, LLC	
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		James C. Evans	
		Name of Person	
	Prop	el Aviation Services, LLC	
		Firm/Company	
	125	51 S. W. 132nd Avenue	
	133	Address	
		Miami, Florida 33186	
	i	City/State and Zip Code	
	E-mail address: (evans@africair.com to be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please o	eall:	
	0.5	005	055 0070
Jame Name of I	es C. Evans	at (305) Area Code & Daytime	255-6973
		, ve ao	,
To all and the about the about	C. H		
Enclosed is a check for the	_		<u> </u>
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	
			(additional copy is cholosed)

MAILING ADDRESS:

TO:

Registration Section

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

Propel Aviation Services, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/16/2006 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L06000062524 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Propel Aviation Sales & Services, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13551 S. W. 132nd Avenue Enter new principal offices address, if applicable: Miami, Florida 33186 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 13551 S. W. 132nd Avenue Miami, Florida 33186 (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 City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amei —	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
 -			_
<u>-</u>			_
Dated	December 23	2009 .	
	/ /	nber or authorized representative of a member	
		mes C. Evans, MGRM ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00