## L06000071348

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SECRETARY OF CORF

FORFURATION

## **COVER LETTER**

TO: Registration S Division of Co	Section properties of the section of the sections of the section o		•		
SUBJECT:	RT A	Albright LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	<u></u>	Ron Albright			
Name of Person					
RT Albright LLC					
		Firm/Company			
	1	932 Palm Vista Drive			
		Address			
	A	popka, Florida 32712			
		City/State and Zip Code			
	F-mail address: (1	bright@mindspring.com to be used for future annual report notifica	ution)		
For further information	concerning this matter, please c	all:			
	Ron Albright	at ( 407 ) 8	84-8350		
Name	of Person	at (_407 ) 884-8350 Area Code & Daytime Telephone 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)		

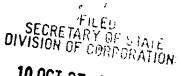
MAILING ADDRESS:

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



10 OCT 27 AM ID: 35

	Albright 2 LLC		
(Name of the Limited Liability (A Florida I	Company as it now appear imited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number L06000071348	ompany were filed on	July 18, 2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	re:	
Avia	ition Fuel LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		······································
		·	····
Enter new mailing address, if applicable:	<del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)			
			<del></del>
D If amonding the projectional area of and/on which			C 41
B. If amending the registered agent and/or regist registered agent and/or the new registered office addresses	ered office address on ess here:	our records, <u>enter tr</u>	ie name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
<del></del>	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>	<del>-                                    </del>		Add Remove
D. If amend	10-25-), 1t	ge(s) here: (Attach additional sheets, if necessary.)	FILED STATE DIVISION OF CORPORATION OF CORPORATION
	Турес	Ron Albright I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00