

L060000080347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

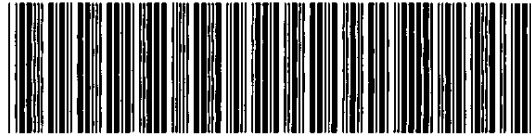
Special Instructions to Filing Officer:

A. LUNT

MAY 30 2008

EXAMINER

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05/29/08--01013--002 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 29 P 4: 31

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Excelsior Aviation LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Donald Garcia
(Name of Person)

Excelsior Aviation LLC
(Firm/Company)

4812 S. Conway Rd. Ap
(Address)

Orlando FL 32812
(City/State and Zip Code)

2008 MAY 29 P 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Donald Garcia at (407) 701-3492
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Excelsior Aviation 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 August 14, 2008 and assigned
Florida document number L06000080347

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)

Excelsior Aviation LLC
4812 S. Conway Rd Apt 165
Orlando FL 32812

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Excelsior Aviation LLC
4812 S. Conway Rd Apt 165
Orlando FL 32812

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:

Donald Garcia

New Registered Office Address:

4812 S. Conway Rd Apt 165

(Enter Florida street address)

Orlando

(City)

Florida

FL 32812

(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

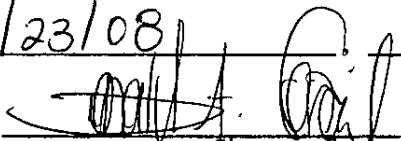
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|--|
| MGRM | Carlos Quintana | 2800 Rose Glen way Orlando FL 32812 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

2008 MAY 29 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 5/23/08



Signature of a member or authorized representative of a member

Donald A. Garcia

Typed or printed name of signee