L06000091879

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08 JUN 30 PH 3: 30

SECRETARY OF STATE
TALLAHASSEF FLORE.

T. HAMPTON

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EXAMINER

COVER LETTER

Division of Corporations						
SUBJECT: C&HA	AERONAUTICS, LLO	C	0			
(Name of Limited Liability Company)						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	JAMES W. PRITCHARD					
		(Name of Person)				
RICHARD C. WILLIAMS, JR., P.A.						
		(Firm/Company)				
6337 GRAND BOULEVARD						
		(Address)				
NEW PORT RICHEY, FLORIDA 34652						
		(City/State and Zip Code)				
For further information c	oncerning this matter, please c	all:				
JAMES W. PRITCHARD III, ESQ.		at (727) 846-8500				
(Name o	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for the	ne 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:

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

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SEGRETARY OF TALLAHASSEE, FI	JUN 30	<u>-</u>
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C & H AERONAUTICS, 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 9/19/06 _____ and assigned Florida document number L06000091879 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)

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.

, Florida _

1 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> Name

<u>Title</u>	Name	Address	Type of Action
MGRM	ROBERT A. CROCKFORD	18136 DEW BLOOM DRIVE	 Add
		HUDSON, FLORIDA 34667	Remove
			Add
	:		Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	ry.)
			PECRET
			FILED JUN 30 PH SETASSEE, FL
Dated JUNE	12 , 2008		D W 3 30 FLORIDA
-	STEVE W. HENRY	er or authorized representative of a member	
	ı ypc	a or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00