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D. BRUCE
MAY 0 9 2012
EXAMINER

COVER LETTER

Division of Co	rporations			
SUBJECT:		nine Transportation	l .	
	Name of Limi	ted Liability Company	,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		David D. Rosenbaum		_
		Name of Person		
	Flyin	g Machine Transporta	tion	
		Firm/Company		_
		PO Box 685		
		Address	,	
	Fort L	_auderdale, Florida 33	3302	72 SEC
		City/State and Zip Code		一語 图 可
	E-mail address: (captdov@yahoo.com to be used for future annual repo	ort notification)	ARY SSE
For further information	concerning this matter, please o		.:	-a Malli
David	I D. Rosenbaum	at (954)	296-5102	RATE OF
Name	of Person		Daytime Telephone Numb	er
Enclosed is a check for	the following amount:	•		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is ex	Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy onal 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

Flying	Machine Transportatio	<u>n </u>		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear orida Limited Liability Company)	s on our records.)		
(man zimiou zinomiy zompuny)			
The Articles of Organization for this Limited Liabi	e Articles of Organization for this Limited Liability Company were filed on			
Florida document number L0600011895	8 .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here	<u>e</u> :	٠.	
Purpl	e Reef Enterprises, LLC		D (2) -	
The new name must be distinguishable and end with th	e words "Limited Liability Compa	ny," the designation	"LLC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applicable	e:		SSA -	
(Principal office address MUST BE A STREET A	DDRESS)			
			Fs = D	
			ATE S	
Enter new mailing address, if applicable:			A	
(Mailing address MAY BE A POST OFFICE BO	<i>X</i>)			
•				
B. If amending the registered agent and/or		ur records, <u>ente</u>	r the name of the new	
registered agent and/or the new registered office	address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	er Florida street d	address	
	. Florida			
	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 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

Dated

MGRM = Managing Member <u>Title</u> **Address** Type of Action Name 1 MGR MRS. CAROL BORODAY 4740 NW 15TH AVENUE ☐ Add Remove FORT LAUDERDALE, FLA.33009 MR. ADRIAN BORODAY MGR **✓** Add 1969 SOUTH PARK ROAD Remove PEMBROKE PINES, FLA. 33009 ☐ Add ☐ Remove Add Remove $\prod Add$ ☐Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Purple Reef Enterprises is a network of services including but not limited to: 5 fitness instruction, nutritional counseling, book writing / manual production and publishing, video / film production services, aerial, marine and automotive transportation and detailing services as well as offering legal and ID theft protection services as an Independent Associate with a major legal services firm.

May 3 Signature of a member or authorized representative of a member ADRIAN BORDAY Typed or printed name of signee

Page 2 of 2 Filing Fee: \$25.00