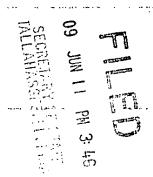
## LOCe00119573

(Requestor's Name)				
(Address)				
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S. HAWKES
JUN 1 2 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section . Division of Corporations .					
SUBJECT:	SUBJECT: PREMIER AIRCRAFT HOLDINGS, LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		DONALD E. SWAIN  Name of Person			
Name of Person					
PREMIER AIRCRAFT HOLDINGS, LLC Firm/Company					
Firm/Company					
P.O. BOX #740031					
Address					
	ORANGE CITY, FLORIDA 32774-0031				
City/State and Zip Code  DSWAIN52@COMCAST.NET					
	E-mail address: (	(to be used for future annual report notification)			
For further information	concerning this matter, please of	call:			
DON	IALD E. SWAIN	at ( 407 ) 474-4000			
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is en			
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 passee, 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

PREMIER AIRCRAF	FT HOLDINGS, LLC			
(Name of the Limited Liability Comps (A Florida Limited)	nny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company were filed on12/15/2006 and assign				
Florida document number <u>L06000119573</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	<u>pility company here:</u>	. —		
		FS 8		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	112 ROSA BELLA VIEW	-		
(Principal office address MUST BE A STREET ADDRESS)	DEBARY, FLORIDA 32713	- Property		
		بې		
		1 5		
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street 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 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 **Title** <u>Name</u> **Address Type of Action** MGR LINDA L. SWAIN 112 ROSA BELLA VIEW Add DEBARY, FLORIDA 32713 Remove □ Àdd Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4 JUNE Dated Signature of a member or authorized representative of a member DONALD E. SWAIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00