L07000031620

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



800167246528

02/25/10--01033--013 **25.00

SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

T. HAMPTONI
FEB 2 6 2010
EXAMPLES

COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | |
|--|--|--|---|--|
| SUBJECT: | Aspe | en Key, LLC | | |
| | Name of Limi | ited Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | A | | | |
| | | Name of Person | | |
| | Avi | Aspen Key, LLC Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: Allison Sass, Paralegal Name of Person Aviation Legal Group, P.A. Firm/Company 5525 NW 15th Avenue, Suite 200 Address Fort Lauderdale, Florida 33309 City/State and Zip Code E-mail address: (to be used for future annual report notification) this matter, please call: ass at (954) 763-5565 Area Code & Daytime Telephone Number or paramount: OF Filing Fee & Certified Copy (additional copy is enclosed) ORESS: Registration Section Division of Corporations Clifton Building | | |
| | | Firm/Company | | |
| | 5525 N | | 200 | |
| | | Address | | |
| | Fort L | | 309 | |
| | | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual repor | t notification) | |
| For further information | concerning this matter, please of | call: | | |
| , | Allison Sass | at (954) | 763-5565 | |
| Name | of Person | Area Code & E | Daytime Telephone Number | |
| F | sh a Callanian a ann aimh | | | |
| Enclosed is a check for \$25.00 Filing Fee | - | SSS OO Filing Fee & | □\$60.00 Filing Fee | |
| ▼ \$25.00 1 ming 1 cc | Certificate of Status | Certified Copy | Certificate of Status & Closed) Certified Copy | |
| | | | | |
| | LING ADDRESS: | | | |
| Divis | tration Section ion of Corporations | Division of C | Corporations | |
| | Box 6327 nassee, FL 32314 | | ive Center Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Aspen K (Name of the Limited Liability Comps (A Florida Limited) | | | | | |
|---|--|---------------------------|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document numberL07000031620 | were filed onMarch 23, 2007 | and assigned | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | | | | |
| 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: | 1001 North US Highway 1 | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 510 | <u> ۳</u> | | | |
| | Jupiter, Florida 33477 | 10 SEC | | | |
| | | EB CH | | | |
| Enter new mailing address, if applicable: | 1001 North US Highway 1 | 25 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 510 | 2 2 | | | |
| | Jupiter, Florida 33477 | T SI | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. | | the name of the name | | | |
| Name of New Registered Agent: | | i | | | |
| New Registered Office Address: | Enter Florida street ac | Idrass | | | |
| | | | | | |
| | , Florida | 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 of Managing Member being added or removed from our records:

MGR = Manager

| | Name | Address | Type of Action |
|---------------------------------------|----------------------------------|--|----------------------------|
| · · · · · · · · · · · · · · · · · · · | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| <u></u> | | | Add Remove |
| | | | Add Remove |
| If amend | ling any other information, ento | er change(s) here: (Attach additional sheets, if necessary.) | SECRE DIVISION 10 PT |
| | | | 10 FEB 25 PM 2 |
| | February 9 | , <u>2010</u> . | 2: 50 |
| ted | 8 | | e control |

Page 2 of 2

Filing Fee: \$25.00