(Requ	uestor's Name)		
(Addi	ress)		
(Addı	ress)		
(City/	State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Busi	ness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
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G. MCLEOD

AUG 17 2011

EXAMINER



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08/15/11--01010---006 **25.00

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Elite Busiy Name of Lim	vss Aircraft ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please return all correspon	dence concerning this matter	r to the following:	
		Irit Vizer	
	Elile	Business Air craft Firm/Company	
	535	Business Aircraft Firm/Company Park North Court Address	
<i>"</i>	Winter	Park Horida 3 City/State and Zip Code	32789
	E-mail address: (n+ e mauiva . com to be used for future annual report notific	eation)
For further information cor	ncerning this matter, please c	eall:	
Name of I	Person	at (<u>407)</u> <u>346 – 4</u> Area Code & Daytime	7533 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

(Name of the Limited L (A F	Business Ai	(C/ACT	on our records.)			
(A F	lorida Limited Liabi	lity Company)	our records.			
The Articles of Organization for this Limited Lial Florida document number		re filed on	6/28/200	7 and a	assign	ed
This amendment is submitted to amend the follow	/ing:					
A. If amending name, <u>enter the new name of t</u>	he limited liability	company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited I	Liability Company	," the designation "	LLC" or th	e abbr	eviation
Enter new principal offices address, if applicat	ole:					
(Principal office address MUST BE A STREET	ADDRESS)					
	_			1942 345 2227 1	≧	13
					<u></u>	25424222 25424222
Enter new mailing address, if applicable:	_			N.	<u> </u>	rn
Mailing address MAY BE A POST OFFICE BO	<u> </u>			7		1
					<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ee address here:	address on our	records, enter	the name	of th	<u>ie new</u>
Name of New Registered Agent:	<u> </u>	zer				
New Registered Office Address:	535		h Court		·	
	Winter Po	Enter Cark	Florida street add	tress 327	189	
	Ci	ty	, 1 1011044	Zip Co	de	
Name Degistared Agentle Signature if showeing De-						

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>	Type of Action
M <u>GRM</u>	Irit Vizer	535 Park North Ct. Winter Park, Florida 32789	Add ☐ Remove
MGRM	Daryl 6-Hicks	3240 Airfield Drive East Lakeland, Florida 33811	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
-		-	-
_	Λ (_ _
Dated	Hugust II , 201	or authorized representative of a member	
	•	-	
	Typed o	R or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00