L07000067940

(Re	questor's Name)	-, ·	
(Address)			
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(Cit	y/State/Zip/Phone	; #)	
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J. HARRIS

COVER LETTER

	ion of Cor					
SUBJECT: _	Elite	Business	Aircra	ft, LLC ited Liability Company		
SUBJEC1: _	•		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and for	ee(s) are sub	mitted for filing.		
Please return a	III correspo	ndence concerning	this matter	to the following:		
		Int V	izer			
				Name of Person		_
		AirX A	Mericu	Name of Person		
				Firm/Company		-
		218 Ja	ckson	Street		
				Address		_
		Maitlan	d, FL	32751		
		• • •		City/State and Zip Code		_
		int @f	ly viaai, rail address: (City/State and Zip Code Com to be used for future annual report	t notification)	
For further inf	ormation c	oncerning this mat			·	
Tat Vi	701			av Цт > 370	J- 2429	
	Name o	f Person	···	at (<u>407</u>) <u>37</u> 4 Area Code Da	ytime Telephone Number	er
Enclosed is a	check for th	ne following amou	nt:		.1	
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Certificate		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
		ING ADDRESS: ration Section		STREET/CO Registration S	URIER ADDRESS:	
- 1	Divisio	n of Corporations	}	Division of Co	orporations	
\		ox 6327 assee, FL 32314			e Center Circle	
/			/	Tallahassee, F	L 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2016

IRIT VIZER 218 JACKSON STREET MAITLAND, FL 32751

SUBJECT: ELITE BUSINESS AIRCRAFT, LLC

Ref. Number: L07000067940



We have received your document for ELITE BUSINESS AIRCRAFT, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P16000062589.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00018781

TALLAHASSIC FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Business Airca	raft LLC		
Elite Business Airca (Name of the Limited Liability (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Co.	ompany were filed on06/		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit Air X LLC The new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name of the limit new name new name of the limit new name of the limit new name of the limit new name		tion "LL.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		Σω	
(Principal office address MUST BE A STREET ADDR	ESS)		C) Lights 7
Enter new mailing address, if applicable:		WE TO THE	72 T
(Mailing address MAY BE A POST OFFICE BOX)		080 080 1 X	CO -
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name <u>Address</u> **Type of Action** _□ Add □ Remove ☐ Change □ Add _□ Remove _ Change □ Add ☐ Remove □ Change ☐ Remove ☐ Change _□_Remove j မ∷Change _□ Add ☐ Remove

□ Change

). If amend	ng any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
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Note: If t	date, if other than the date of filing:	
	is specifies a delayed effective date, but not an effective time, at 12:01 a.n th day after the record is filed.	n. on the earlier of:
Dated	· · · · · · · · · · · · · · · · · · ·	16 TAL
	Signature of a member or authorized representative of a member	SEP ::
	Trit Vizer Typed or printed name of signee	\$50 5 F
	Types of printed name of orginee	ED PH 4: I
	Page 3 of 3	ORIDA

Filing Fee: \$25.00