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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

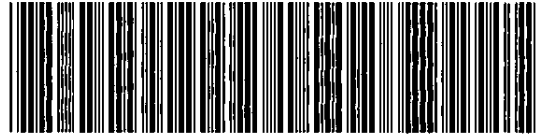
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2009 MAR -9 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

MAR 10 2009

EXAMINER

CSS Nevada

Corporate Support Services of Nevada, Inc.

March 3, 2009

Registration Section
Corporations Division
P. O. Box 6327
Tallahassee, FL 32314

Re: Reviora, LLC

Dear Sir or Madam:

In order to file the above Articles of Amendment of Limited Liability Company we have enclosed the following:

1. Cover Letter;
2. Original and two (2) copies of the Articles of Amendment;
3. One (1) check payable to the Florida Department of State for \$25.00 for filing fee; and
4. Regular Mail envelope.

Please file these documents at your earliest convenience. Please return the filed documents to our office in the Regular Mail envelope provided for your convenience. If you have any questions, please do not hesitate to contact this office.

Thank you for your anticipated courtesy and cooperation in this matter.

Sincerely yours,



Alan Russell

AR :bh
Encl.

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TALLAHASSEE, FLORIDA
CLERK OF STATE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Reviora, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

CSS Nevada

(Firm/Company)

4535 W Sahara Ave Suite 200

(Address)

Las Vegas, NV 89102

(City/State and Zip Code)

For further information concerning this matter, please call:

Matt

(Name of Person)

a (702) 933-4030

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Reviora, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/06/2007 and assigned
Florida document number L07000080561

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAYBE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>Brian Sallee</u>	<u>1438 Bloomingdale Ave</u> <u>Valrico FL, 33594</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Aero Ventures, LLC</u>	<u>4535 W Sahara Ave Suite 200</u> <u>Las Vegas, NV 89102</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 3, 2009 2009


Signature of a member or authorized representative of a member

Alan H. Russell
Typed or printed name of signee