L0700085682

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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2008

JEREL BRISTOL S.E.A.L. AVIATION LLC 7130 HARDING ST. HOLLYWOOD, FL 33024

SUBJECT: S.E.A.L. AVIATION LLC

Ref. Number: L07000085682

We have received your document for S.E.A.L. AVIATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6911.

Letter Number: 708A00017080

Brenda Tadlock Senior Section Administrator

COVER LETTER

	ation Section ' n of Corporations			
SUBJECT:	S.E.A. h AVIATION hhC			
	(Name of Limited Liability Company)			
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
(Name of Person)				
	S.G.A.h AVIATION Who			
(Fine-company)				
7130 HARDING. STREET				
	HOLHYWOOD Th 33024			
	(City/State and Zip Code)			
For further infor	mation concerning this matter, please call:			
Lisa	CasTe (Canos at (954, 274 - 4443 (Name of Person) (Area Code & Daytime Telephone Number)			
743	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a ch	eck for the following amount:			
\$25.00 Filing	SFee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
/				
	MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section			

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTIC	LES OF ORGANIZATION	8 APR
	OF	PR -
		6 C RRYOF S
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on orida Limited Liability Company)	our records.)
(Name of the Limited Line (A F) The Articles of Organization for this Limited Liab Florida document number L07000856		AUG, 2007 and assigned
Torrida document number	<u> </u>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:	
The new name must be distinguishable and end with the L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
3. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	(City)	, Florida(Zip Code)
	1~1151	(2.1.2.2.2.2)

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 **Name** Address **Type of Action** LISA CasTELLANOS Add Remove ☐ Add Remove ∏Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2002 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00