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COVER LETTER

TO:	Registration So Division of Co					
		SBT Glob	oal Aviation, LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Marc Samson			
			Name of Person			
		S	BT Global Aviation, LLC			
			Firm/Company			
		225 V	Vest Seminole Blvd, Suite 1	406		
			Address			
			Sanford, FL 32771			
			City/State and Zip Code Sven@SBTAviation.Com		2015 1800	
		E-mail address: (to be used for future annual report notifi-	cation)	S MAR	
For fu	rther information o	concerning this matter, please co	all:		code +	en elisees Cen sees
Marc	Samson		321 704-6082		6 PH	o Ti
	Name o	of Person		Telephone Number	3: 57	p min
Enclos	sed is a check for t	he following amount:				
\$ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

TO ARTICLES OF ORGANIZATION OF

SBT Global Aviation, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 11/16/2007 The Articles of Organization for this Limited Liability Company were filed on and assigned L07000116581 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Laura Cueto Estrella	405 N Federal Hwy, Suite 1207	■ Add
		Boynton Beach, FL 33435	Aud
			Remove
			<u></u>
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Effective date, if other than th	e date of filing:	(optional)
The effective date must be specific, can the date this document is filed by the F	anot be prior to date of receipt or filed date and can	not be more than 90 days after
February 27	2015	
	·	
	-	
	- Thursdown	<u> </u>
	Signature of a member or authorized represents	ative of a member
	Signature of a member or authorized representation Marc Samson	ative of a member

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Filing Fee: \$25.00

