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DIVISION OF CORPORATIONS

T. HAMPTON

OCT 18 2010

EXAMINER

COVER LETTER

Division of C . SUBJECT:	BUZ Helicopter Services, LLC	×.
SUBJECT.	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Jamic Bushy	
	Name of Person	
	Buz Helicopter Services, LLC	
	Firm/Company	8.
	18701 Kitty Hawk Ct Address	*
	Port St. Lucie, Pl 34987	
	Put St. Lucie, PL 34987 City/State and Zip Code Duz 914@ bells with onet E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
	omic Busby at (56) 7/8-3049 e of Person Area Code & Daytime Telephone Number	 r
	,	
Enclosed is a check for	r the following amount:	%. &.
\$25.00 Filing Fee	(additional copy is enclosed) Certified	ite 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUZ He	licopter	Services,	LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)	JYVID 3Si		
The Articles of Organization for this Limited Lia Florida document number		were filed on	107/2008	FILE OF CO		
This amendment is submitted to amend the follo	wing:			D OF STATE RPORATION PM 2: 65		
A. If amending name, enter the new name of	the limited liab	ility company here:		S. ONS		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:	16112 E.	Grand No	ational Dr		
(Principal office address MUST BE A STREET	ADDRESS)	Loxahatche	e,FL 3	3470		
Enter new mailing address, if applicable:		16117 E.	Grand Na	tional Dr.		
(Mailing address MAY BE A POST OFFICE B	(<u>OX)</u>	Loxahatchee, FL 33470				
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of ce address here	fice address on ou	r records, <u>enter (</u>	the name of the new		
Name of New Registered Agent:	TANK	=5 D. Busb	<u> </u>			
New Registered Office Address:						
				<i>33470 - 4143</i> Zip Code		
	,	City		Zip Çode		

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 Type of Action Title Name Address Hulley, Albert V. MGMR ☐ Add ☐ Remove ∏Àdd Remove Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 26th Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Bushy Typed or printed name of signee