

LO8000001841

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000055489 3)))



H150000554893ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLIGHT VENTURES 2132, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

15 MAR -4 AM 10:09
BUREAU OF CORPORATE
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -4 AM 7:19

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H15000055489

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLIGHT VENTURES 2132, 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 1/4/2008 and assigned
Florida document number T08000001841

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 "LLC."

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

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

Page 1 of 3

FILED
MAR - 11 AM 7:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

H15000055489

H15000055489

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

Article VII - Management is being amended to reflect that the
limited liability company is to be managed by one or more managers
and is therefore a manager managed company.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated March 3, 2015


Signature of a member or authorized representative of a member

Robert S. Forman, Esquire, Authorized Representative of Member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 MAR -4 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000055489