## L08000019907

(Re	equestor's Name)	)		
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER OCT 23 2012

## **COVER LETTER**

SHD I	JECT:	EXPRESS AIRWAYS			
SUBJ		mited Liability Company			
The ci	nclosed Articles of Amendment and fee(s) are s	submitted for filing.			
Please	e return all correspondence concerning this mate	ter to the following:			
		SAMER DAVID			
		Name of Person			
	BAHAMAS EXPRESS AIRWAYS				
		Firm/Company			
	2400 W	2400 W Cypress Creek Rd. Suite 125			
	<del></del>	Address			
	F	Ft Lauderdale FL 33309		A S	
		City/State and Zip Code		ZNIZ OCT SECRE!	and d
	F-mail address	dsamer@aol.com s: (to be used for future annual report notificati	on)	T 22	مؤمرين جندي
For,fu	urther information concerning this matter, please	e call:		mon a	
	Samer David Name of Person	at (_561_)6 Area Code & Daytime Te	67-3749 dephone Number	STATE LORIDA	Yegun :
Enclo	osed is a check for the following amount:				
<b>□</b> \$2	25.00 Filing Fee \$\Bigcup \frac{1}{30.00}\$ \text{Filing Fee & Certificate of Status}\$	Certified Copy (additional copy is enclosed)	Certificate of State Certified Copy (additional copy i		

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

BAH/	AMAS EXPF	<u>RESȘ AIRWA</u>	YS		
(Name of the Limited	Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	were filed on	02/25/2008	and assign	ed	
Florida document number L0800001	9907				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>·e</u> :		
The new name must be distinguishable and end wi 'L.L.C."			any," the designation	"LLC" or the abbr	eviation
Enter new principal offices address, if applicable:		Suite 124	ess Cleek Nu.		
Principal office address MUST BE A STREE	<u> (1 ADDKESS)</u>		- FL 22200	<del>夏</del> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<del></del> ;
		Ft Lauderdal	e FL 33309		A.
Enter new mailing address, if applicable:	same as abo	ve.	22 [		
Mailing address MAY BE A POST OFFICE			<u> </u>	4	
				95 <b>8</b>	
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, <u>enter</u>	the name of the	<u>he new</u>
Name of New Registered Agent:	Samer Davi	d .			
New Registered Office Address:	oress Creek Rd	. Suite 124			
		En	ter Florida street a	ddress	
Ft		Lauderdale , Florida		33309	
		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 thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Register of Sent, 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 <u>Name</u> **Address** Type of Action **MGR** Thomas Fitzgerald 11907 Jennifer Way ☐ Add Cooper City 🔽 Remove Florida 33026 Vera Aster **MGRM** 1890 S Ocean Dr ☐ Add **∇** Remove Hallandale Beach, FL 33009 MGRM Mayea Balboa 4737 N Ocean Dr. ☐ Add Remove Ft Lauderdale, FL 33308 Samer David MGR 2400 Cypress Creek Rd. ✓ Add Suite 124 Remove <u>Ft Lauderdale, Ft</u> MGRM Thomas Fitzgerald 11907 Jennifer Way Cooper City, FL 33026 **✓** Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/16/2012 Dated

Thomas Fitzgerald
Typed or printed name of signee

per or authorized representative of a member

Signature of a me

Page 2 of 2

Filing Fee: \$25.00