#108000019907

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13 APR 17 PM L 17 SECRETARY OF STATE

K.SALY EXAMINER APR 1 8 2013

COVER LETTER

TO: Registration Section **Division of Corporations**

Bahamas Express Airways

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Fitzgerald Name of Person Firm/Company 1890 S Ocean Dr Apt 202 E Address Hallandale Beach FL 33009

City/State and Zip Code

9986640@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Fitzgerald

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status **□\$55.00** Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

13 APR 17 PM 12

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Bahamas Express Airways

(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 Lial	oility Company were filed on _	2-25-2008	and assigned
Florida document number <u>L08000019907</u>			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company l	nere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OX)		
intering address Mill DD // 1901 ClifeD		· · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	•		
New Registered Office Address:			
		Enter Florida street add	tress
		, 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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Thomas Fitzgerald	1890 S Ocean Dr Apt 202 E	Add
		Hallandale Beach FL 33009	Remove
			_ □
			Add
			Remove
	 		Add
			Remove
,			
			Add
			Remove
			_
			_ L Add
			Remove
			
			Remove
			

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ıted _	4/15/20/3.
	Momen Finance
	Signature of a member of authorized representative of a member T. Wo MAS EITZGERALD Transfer of a member of signal authorized representative of signal authorize
	MOMAS EITZGERALD
	Typed or printed name of signee

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Filing Fee: \$25.00