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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE MONITOR GROUP, LLC

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# **COVER LETTER**

		1 1	COVERCEDITER	
		- !!		
SUBJECT:		<u> </u>		
		Name of Lir	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are su	omitted for filling.	
Please retur	n all correspo	ndence concerning this matter	r to the following:	
		gary J. Cohan, esq.		
	Registration Section Division of Corporations  THE MONITOR GROUP, LLC  Name of Limited Liability Company  telescel Articles of Amendment and (ee(s) are submitted for filling.  return all correspondence concerning this matter to the following:  GARÝ J. COHAN, ESQ.  Name of Person  COHEN NORRIS ET AL.  Firm:Company  712 U.S. HIGHWAY ONE, SUITE 400  Address  NORTH PALM BEACH, FL 35408  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Area Code  Be-mail address: (to be used for future manual report additionated)  rether information concerning this matter, please call:  Y J. COHAN  Name of Person  Name of Person  Area Code  Dayrime Telephone Number  Sed is a check for the following amount:  25:00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Talkhabasee, FL 23314  Z661 Executive Center Circle			
		Name of Limited Liability Company  Sof Amendment and fee(s) are submitted for filling.  sof Amendment and fee(s) are submitted for filling.  sepondence concerning this matter to the following:  GARY J. COHAN, ESQ.  Name of Person  COHEN NORRIS ET AL.  Firm/Company  712 U.S. HIGHWAY ONE, SUITE 400  Address  NORTH PALM BEACH, FL 33408  City/State and Zip Code  E-mail address; (to be used for future annual report additional copy)  at (Control of the following amount:  at (Corrificate of Status)  Certificate of Status & Certified Copy (sadditional copy is enclosed)  AILLING ADDRESS; gistration Section  rision of Corporations July State and Zip Code  Certificate of Status & Certified Copy (sadditional copy is enclosed)  AILLING ADDRESS; gistration Section  Division of Corporations Division of Corporations Division of Corporations Division of Corporations Cition abuilding 2661 Executive Center Circle		
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For further i	nformation c	onceroing this matter, please (	call:	
GARY J. C	ОНАМ			
	Name o	f Person		me Telephone Number
Enclosed is	a check for t	ne following amount:		
		 	Certified Copy	Certificate of Status & Certified Copy
	Registr	etion Section	Registration Sect	tion
	P.O. B	ox 6327	Clifton Building	
	Tallaha	issee, FL 32314	2661 Executive ( Tallahassee, FL:	

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## T-332 P.03/05 F-157 H11000360660 -

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MONITOR GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it naw appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/12/2008	and assigned
Florida document number L08000025771		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AVIATION TRANSPORT SALES & TRAINING LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		F 8
		一 第 主心
Enter new mailing address, if applicable:		- <u>'</u>
(Mailing address MAY BE A POST OFFICE BOX)		
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	انون - ما	and an about a second of the man
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
	-	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Actuess.	Inter Florida struct address	
	, Flori	ďа
	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

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If amending Authorized Person(s) authorized to manage,	enter the title, name, and address of each person being added
or removed from our records:	14170003256253

MGR = N AMBR = A	Annager Authorized Member	÷	
Title	Name	Address	Type of Action
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		01/01/2018	
Effect	ive date, if oth	ner than the date of filing: (optional)  id, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5.020
Note:	If the date inser	rted in this block does not meet the applicable statutory filing requirements, this date will not be list	ted as
docum	nent's effective d	date on the Department of State's records.	
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Dated	Deember 12	2017	
Dated	-	· // / / / / / / / / / / / / / / / / /	
	/5 #	My GMA	
		Signature of a member or authorized representative of a member	
		hen Attorney	
	Gary I Cal		
	Gary J. Col	Typed or printed name of signee	

Filing Fee: \$25.00

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