L08000041735

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

Div	ision of Cor _l	porations		•
SUBJECT:		et Center, LLC	,	_ ***
		Name of Lim	ited Liability Company	
The enclosed	Articles of ι	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		Dena Auletto		
			Name of Person	
		Saavedra-Goodwin		
			Firm/Company	 ,
		312 S.E. 17th Street, 2nd F	floor	
		<u></u>	Address	
		Fort Lauderdale, FL 33316)	
		dauletto@saavlaw.com	City/State and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	to be used for future annual report no	otification)
For further in	iformation co	oncerning this matter, please ca	all:	
Dena Auletto)		954 767-6333	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
<u>Mai</u>	ling Address	<u>u</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savannah Jet Center, LLC		020
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rec rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number 1.08000041735 This amendment is submitted to amend the following	y Company were filed on 04/25/2008	Account assigned Towns 1:08
A. If amending name, enter the new name of the l		± 2
.t. If unreliding name, enter the new name of the I	marico nability company nere.	
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
COO/S	Warren D. Kroeppel	4860 N.E. 12th Avenue	
		Fort Lauderdale, FL 33334	= Remove
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			□Add
			□Remove
			☐ Change
			□Add
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record speci	ifies a delayed effective date, l	out not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	r the
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		ura	inted name of signee	<u>ulana,</u>		

Filing Fee: \$25.00