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SECRETARY OF STATE OIVISION OF CORPORATIONS

O. T. S. LINE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: FREQUENT FLYER, LLC						
(Name of Limited Liability Company)						
The enclosed A	rticles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspondence concerning this matter to the following:						
	·	_	•			
		OSNAT GERI)		
(Name of Person)						
FREQUENT FLYER, LLC						
(Firm/Company)				<u>.</u> .		
18660 COLLINS AV. SUITE 107 (Address)						
			(,			
		SUNNY ISLES, FL 3316				
			(City/State and Zip Code)			
For further infor	mation cor	ncerning this matter, please c	all:			
1 of future info	mation coi	, , , , , , , , , , , , , , , , , , ,		•		
OSNAT GERI	. • •		at (305 ') 521-0866			
	(Name of	Person)	(Area Code & Daytime Telephone Number)			
			•	•		
Enclosed is a ch	eck for the	following amount:				
□ \$25.00 Filing	g 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		
	ř	•	**	(additional copy is enclosed)		
•	;	•				
		IC ADDDECC	CTD PET/COUDIED	ADDDECC		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ion Section	STREET/COURIER ADDRESS: Registration Section			
		of Corporations		ivision of Corporations		
		ee, FL 32314	2661 Executive Center	Circle		
			Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREQUENT FLYER, LLOC		T CO
	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Li	ability Company were filed on MAY 08, 2008	and assigned assigned to
Florida document number L08000046380	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
	 ,,	
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	
B. If amending the registered agent and/oregistered agent and/or the new registered of	•	s, enter the name of the new
N (N) B '		
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida	street address)
	. F	lorida
	(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 Changing Registered Agent, 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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> MGRM ALAN AZIZOLLAHOFF 18660 COLLINS AV. Add SUITE 107 **₽** Remove SUNNY ISLES, FL 33160 Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JULY 08 Signature of a member or authorized representative of a member **OSNAT GERI**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00