L08000057224

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OR IIII 31 PH 12: 29

J. BRYAN

AUG - 1 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Cor				
SURJECT: JetSou	rce International LLC		0	
		ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christopher Doscher			
		(Name of Person)	<u> </u>	
(Firm/Company)				
	4440 PGA Blvd Suite 60	00	37 COR	
		(Address)	PHI	
	Palm Beach GArdens, Fl	L 33410	OR JUL 31 PH 12: 29	
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	all:		
Christopher Doscher		at (561) 472-0835 office		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for t	he 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)	
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OB JUL 3 PA 12: 29

JetSource	International	LLC			
·	(Name of the	Limited	Liability (Company	as ii

(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 Liability Company w	ere filed on 06/10/08	and assigned	
Florida document number L08000057224			
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limited liability	ty company here:		
JetForce International LLC			
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	(Enter Florida street address)		
	, Florio	da (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 **Address Type of Action** <u>Title</u> <u>Name</u> ☐ Add Remove ☐ Add Remove Add Remove ☐ Add Remove Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7-30-08 Dated Signature of a member or authorized representative of a member NoseHen Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00