

L08000076390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

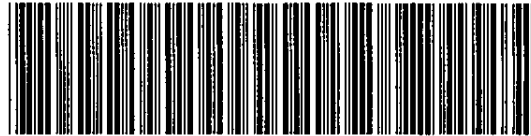
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN - 9 2013

J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Belvedere Aircraft Acquisition and Crew Consulting, LLC
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:

Scott C. Burgess

Name of Person

Aviation Legal Group, P.A.

Firm/Company

5525 NW 15th Avenue, Suite 200

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

allisons@aviationlegalgroup.com

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

For further information concerning this matter, please call:

Scott C. Burgess

Name of Person

at **954 763-5565**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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Assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Karin O'Kelly	PO Box 546060	<input type="checkbox"/> Add
		Bal Harbor, FL 33154	<input checked="" type="checkbox"/> Remove
MGRM	Karin O'Kelly	5525 NW 15th Avenue, Suite 200	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12-29-2012, _____.



Signature of a member or authorized representative of a member

Karin O'Kelly

Typed or printed name of signee

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Filing Fee: \$25.00

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