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SECRETARY OF STATE STOYISION OF CORPORATIONS

J. BRYAN

JAN 2 1 2009

EXAMINER

Higer Lichter & Givner

JACOB J. GIVNER jgivner@HLGlawyers.com

MICHAEL J. HIGER mhiger@Hl.Glawyers.com

DAVID H. LICHTER dlichter@HLGlawyers.com

18305 BISCAYNE BLVD., SUITE 402 AVENTURA, FLORIDA 33160

TELEPHONE (305) 933-9970 FACSIMILE (305) 933-0998 www.HLGlawyers.com JESSICA R. LLOYD jlloyd@HLGlawyers.com

JEFFREY VESEL (pending admission in Florida) jvesel@HLGlawyers.com

PARIS R. WEBB pwebb@HLGlawyers.com

ESTHER MEISELS emeisels@HLGlawyers.com

JANESSA WASSERMAN
Of Counsel
jwasserman@HLGlawyers.com

TO: Registration Section Division of Corporations

SUBJECT:

In Flight Services, ME, LLC

Document No.: W08000054905

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Joseph Givner Higer Lichter & Givner, LLP 18305 Biscayne Boulevard Suite 402 Aventura, FL 33160

For further information concerning this matter, please call:

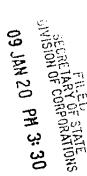
J. Joseph Givner at 305-933-9970 ext. 110

Enclosed is a check for the following amount:

\$25.00 Filing Fee

MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| (Name of the Limited Liabi | lity Company as it now appears on our rale Limited Liability Company) | ecords.) | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|--|
| (A Floric | a Elimited Elability Company) | | |
| The Articles of Organization for this Limited Liability | Company were filed on December 9, | 2008 and assigned | |
| Florida document number <u>woxaaaa54905</u> L08000 13522 | | | |
| This amendment is submitted to amend the following | : · | | |
| A. If amending name, enter the new name of the li | imited liability company here: | | |
| In Flight Services Worldwide, LLC | | | |
| The new name must be distinguishable and end with the v "L.L.C." | words "Limited Liability Company," the de | signation "LLC" or the abbreviation | |
| 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) | <u> </u> | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or reg | gistered office address on our recor | ds, enter the name of the nev | |
| registered agent and/or the new registered office a | ddress here: | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | (Enter Florida street address) | | |
| | . 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 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>Title</u> <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ∐ Add Remove Add 🗖 Remove ☐ Add √ Remove ☐ Remove ☐ Add T Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 12 Signature of a member or authorized representative of a member Bernard Klepach Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00