

LD9000027526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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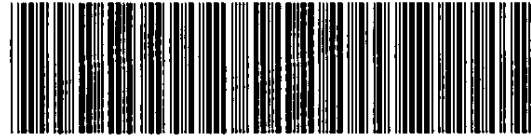
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAWK AVIATION SALES AND LEASING, 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:

BRITTANY SPRAGUE
Name of Person

HAWK AVIATION SALES AND LEASING, LLC
Firm/Company

11953 W Colonial Dr.
Address

OCOGEE, FL 34761
City/State and Zip Code

brittany@flyskyview.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Sprague at (407) 509-4437
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 25 PM 12:44

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HAWK AVIATION SALES AND LEASING, LLC

(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 were filed on 6/23/10 and assigned

Florida document number LO9000027526

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11953 W. Colonial Dr.
Ocoee, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11953 W Colonial Dr.
Ocoee FL 34761

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Brittany SPRAGUE

New Registered Office Address:

11953 W Colonial Dr.

Enter Florida street address

Ocoee

City

Florida

Zip Code

34761

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS LABARCA	12200 W Colonial Dr. Suite 300 H OCOGEE FL 34761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brittany Sprague	11953 W Colonial Dr. OCOGEE FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ARTHUR SPRAGUE	11953 W Colonial Dr. OCOGEE FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

6/23/10

 (AUTHORIZED REP)

Signature of a member or authorized representative of a member

Michael S Clark

Typed or printed name of signee

FILED
10 JUN 25 PM 1:44
CLERK OF STATE
TALLAHASSEE, FLORIDA