## 109000037453

(Requestor's Name)						
(Address)						
. (Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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T. CLINE

FEB 2 5 2010

**EXAMINER** 



February 8, 2010

CHUCK VAUGHN 2548 PARENTAL HOME ROAD

SUBJECT: COUGAR AIRCRAFT GROUP, LLC

Ref. Number: L09000037453

JACKSONVILLE, FL 32216

We have received your document for COUGAR AIRCRAFT GROUP,LLC, however, upon receipt of your document no check was enclosed. Please seturn your document along with a check or money order made payable to the Department of State for \$25.00.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the market and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 da your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 510A00003133

## COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJE	ECT:	COUGAR A	IRCRAFT GROUP, I	LLC			
50 201		<del> </del>	Limited Liability Company		-		
The en	closed Articles of A	mendment and fee(s) are	submitted for filing.				
Please	return all correspond	dence concerning this ma	atter to the following:				
	٠.		CHUCK VAUGHN				
			Name of Person				
		COU	GAR AIRCRAFT GROU	IP, LLC			
			Firm/Company				
		254	18 PARENTAL HOME R	ROAD			
			Address			201	
		IAC	KSONVILLE, FLORIDA	22216	ER SR	379	_
		JAC	City/State and Zip Code	32210	- AS	8 2	-
cvaces@att.net					338	#* ****	Ì
		E-mail addre	ss: (to be used for future annual rep	ort notification)	, FL	er Er	
For fur	ther information cor	cerning this matter, plea	se call:			2010 FEB 24 PM 4: 02	
	CHUC	K VAUGHN	at ( 904 )	725 0119	.>	,.0	
<del></del>	Name of F		Arca Code &	Daytime Telephone Numb	ber		
Enclose	ed is a check for the	following amount:					
	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Statu	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi enclosed) Certifi	Filing Fee, cate of Stati ied Copy onal copy is		;d)
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registratio Division of Clifton Bui	f Corporations			

Tallahassee, FL 32301

5/

## ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION OF

COUGAR AIRCRA	AFT GROUP	', LLC
(Name of the Limited Liability Compa (A Florida Limited I	iability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	APRIL 17, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company h	ere:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Com	
Enter new principal offices address, if applicable:	3414-A NOI	RTH MAIN STREET T
(Principal office address MUST BE A STREET ADDRESS)	JACKSONV	VILLE, FLORIDA \$2206 &
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PM 4: 02 YOF STATE REE. FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	E	inter Florida street address
		, Florida
	City	Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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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> **STAN JORDAN** ✓ Add ☐ Remove 3414 -A NORTH MAIN STREET Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2 FEBRUARY 2010 Dated \_ Signature of a member or authorized representative of a member CHUCK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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