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AHASSEF FI ORIO

J. BRYAN

APR 28 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: AERO STAR HOLDINGS, 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:
Abbey L. Kaplan (Name of Person)
Klugerkaplan Silverman Katren ! Leitace?!
Miami El 33131
Miami, Fl 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
Abbey L Kaplan at 305, 379-9000 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AERO STAR	HOLDINGS,	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
	illanlag	
The Articles of Organization for this Limited Liability Company w	ere filed on 41 20 0	and assigned
Florida document number <u>L09000380</u> 75		整皇 不
		强强
This amendment is submitted to amend the following:		弱马加
A. If amending name, enter the new name of the limited liabili	ty company horo	SECO PE
· · · · · · · · · · · · · · · · · · ·	. ^	15° 03'
STAR AERO HOLD! The new name must be distinguishable and end with the words "Limited"		"I I C" or the Shbrevietion
"L.L.C."	i Liability Company, the designation	TP TEC OF the above viation
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 office registered agent and/or the new registered office address here:	ce address on our records, ente	er the name of the new
registered agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street	address)
	, Florida	
	(City)	(Zin 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 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 = Ma MGRM = N	nager ⁄Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	O9 APR 27 PH 3: 44 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Dated	Signature of a	member or authorized representative of a member L. Kaplan, Armon ud Pu Typed or printed name of signee	prestl ative

Page 2 of 2

Filing Fee: \$25.00