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SECRETARY OF STATE
ALL AHASSEF, FLORIDA



J. BRYAN

MAY 28 2009

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Aries Aviatio	on Consulting, LLC		
	Name of Lim	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Mark Lehmann		
		Name of Person		
	Aries	Aviation Consulting, LLC		
		Firm/Company		
	7105	Harmony Square Drive S		SE SE
		Address		经更加
	S	aint Cloud, FL 34773		PILEU 09 MAY 26 AM 8: 31 SECRETARY OF STATE FALLAHASSEE, FLORID
		City/State and Zip Code		1997 至
		nlehmann@cfl.rr.com to be used for future annual report noti	fication)	STA 8: 3
For further information	concerning this matter, please of	•	,	
	lark Lehmann	at (_407_)	738-1634	
Name	of Person	Area Code & Daytin	ne 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	d) Certified	te of Status &

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2009

MARK LEHMANN ARIES AVIATION CONSULTING, LLC 7105 HARMONY SQUARE DRIVE S SAINT CLOUD, FL 34773

SUBJECT: ARIES AVIATION CONSULTING, LLC

Ref. Number: L09000042800



We have received your document for ARIES AVIATION CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 109A00016760

Remoting to the proper to the experience of the

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aries Aviat	ion Consulting, LL	<u>.C</u>	_
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	May 4, 2009 and	l assigned
Florida document numberL0900042800			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation "LLC" or	the abbreviation
.		TAL SE	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	- F	
		RY SSE	
		EOF	里口
Enter new mailing address, if applicable:		LO LO	ф —
(Mailing address MAY BE A POST OFFICE BOX)		RAF	
			
B. If amending the registered agent and/or register		our records, enter the nam	ne of the nev
registered agent and/or the new registered office addre	ess here:		
Name of New Projection & Assets			
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street address	
		, Florida	
	City	Zip (Code

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

1.4

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

MGR = Ma MGRM = N	nager Aanaging Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Catherine Lehmann	7105 Harmony Square Drive S Saint Cloud, FL 34773	✓ Add ☐ Remove
			Add Remove
			Add Remove
· ·			Add Remove
			OGGENOVE 26 SECRETARY SECR
O. Ifameno	ding any other information, enter	change(s) here: (Attach additional sheets, if necessor	PER DIAGE CONTROL OF THE PROPERTY OF THE PROPE
_		,	
Dated	May 13	2009	

Mark Lehmann
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00