

L0900044479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

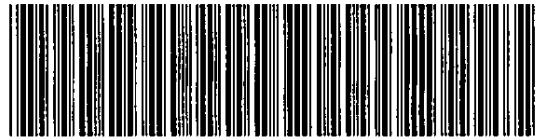
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 25 PM 2:18

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S. HAWKES

JUN 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAYTONA AEROSPACE 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:

LAWRENCE CAPLAN
Name of Person

LAWRENCE A. CAPLAN, P.A.
Firm/Company

1375 GATEWAY BLVD., SUITE 100
Address

BOYNTON BEACH, FL 33426
City/State and Zip Code

LACAPLANLAW@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. CAPLAN at (561) 988-6009
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

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

DAYTONA AEROSPACE, 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 5/7/09 and assigned
Florida document number LC09000044479.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: LAWRENCE A. CAPLAN, P.A.

New Registered Office Address: 1375 GATEWAY BLVD., SUITE 100
Enter Florida street address

BOYNTON BEACH, Florida 33426
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AYODHA PERLAUD	6101 NW 31 ST STREET MARGATE, FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YARON PINCHAS	9645 NW 61 ST DRIVE PARKLAND, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ISHAC RIZER	6601 LYONS ROAD #B-8 COCONUT CREEK, FL 33073	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
JUN 24 2009
SECRETARY OF STATE
TREASURY

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

Dated JUNE 24, 2009

Signature of a member or authorized representative of a member

LAWRENCE A. CAPLAN, AUTHORIZED REPRESENTATIVE
Typed or printed name of signee + LEGAL COUNSEL