# L090000 56416

(Requestor's Name)					
(Addr	ess)				
(Address)					
	·				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Duci					
ızııdı	ness Entity Nar	ne)			
. (Doce	ıment Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
	,				
	•				

Office Use Only



300171217703

03/05/10--01023--015 \*\*25.00

10 MAR -5 PH 2:22

T. HAMPTON

MAR - 8 2010

EXAMINER

# **COVER LETTER**

TO:	Registration Section Division of Corporati	ions	
SUBJE	ест:	Name of Limited Liability Company	
The en	iclosed Articles of Amend	dment and fee(s) are submitted for filing.	
Please	return all correspondence	e concerning this matter to the following:	
	<u></u>	Emol West	
	_	Born Jet Charters Firm/Company	
		1 S. Ocen Blvd, Ste 308	
	<del></del>	BUZa Ratm, Fr 33432 City/Stategand Zip Code (	
		E-mail address: (to be used for future annual report notification)	
For fur	rther information concern	ning this matter, please call:	
<del></del>	Em   V	Area Code & Daytime Telephone Number	
Enclos	sed is a check for the follo	owing amount:	
<b>X</b> \$25	5.00 Filing Fee \$\bigcup_\$.	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, 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

SEGRETWEEN OF STATE OF CORPORATIONS

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

6/10/09

and assigned

Florida document number L09000 56416

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 "L.L.C."	he words "Limited Liability Compa	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable	le: <u>3</u> 07	a Fet al	railers
(Principal office address MUST BE A STREET A	ADDRESS) 15. E	Cean Blu Rata, Fl	1. Ste 308 33132
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	***************************************	
B. If amending the registered agent and/or registered agent and/or the new registered offic	•	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Errol West		
New Registered Office Address:	102 NE 2nd	St., Ste 2. er Florida street ad	45
	Born Room	er rioriaa sireei aa , Florida	33432
y	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 **Type of Action Address** Title <u>Name</u> ☐ Add Remove ☐ Remove Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00