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SECRETARY OF STATE VALLAHASSEE, FLORIDA

COVER LETTER

Division of Co						
SUBJECT:	Boca Aircraf	t Maintenance, LLC				
	Name of Limi	ted Liability Company				
	f Amendment and fec(s) are sub	_				
•	Ü	J				
		Rhonda Hughes				
		Name of Person				
	Avitat Boca Raton Firm/Company					
		, ,				
		3300 Airport Road Address				
	E	Boca Raton, FL 33431				
	City/State and Zip Code					
	rhonda.hughes@avitatboca.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:				
Rh	nonda Hughes	at (561)	347-3301			
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 enclose	\$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

Boca Aircraft Mair	ntenance, Ll	.C		
(Name of the Limited Liability Company (A Florida Limited Lia	<u>y as it now appear</u> ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company v	vere filed on	June 24, 2009	and assig	gned
Florida document number <u>L09000061425</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	ny," the designation	"LLC" or the ab	breviation
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)				
Multing address MAT BE A TOST OFFICE BOX				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		our records, enter	the name of	the new
Name of New Registered Agent:			¥s =	
New Registered Office Address:	F	ter Florida street ac) APR	
	En		SSE 5	
	City	, Florida _	Zip Co de	
New Registered Agent's Signature, if changing Registered Agent:	-		H: 58	O
			\triangleright	

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>	Address	Type of Action
Mgr	Todd Wilkins	3300 Airport Road Boca Raton, FL 33431	Add ☐ Remove
			□ Pamova
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, ent	er change(s) here: (Attach additional sheets, if nec	essary.)
Dated	April 13	2010	10 APR 16 AM SECRETARY OF
	Signature of	a member or authorized representative of a member Hamid Hashemi Typed or printed name of signee	DI: 58
		Page 2 of 2	

Filing Fee: \$25.00