

LD9000088249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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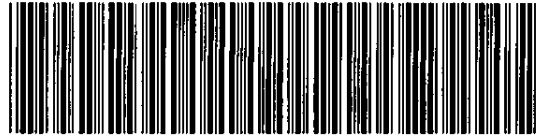
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RED BIRD AVIATION, 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:

DAVID H. SLONIM

Name of Person

THE SLONIM LAW FIRM, PA

Firm/Company

2317 N Wickham Rd

Address

MELBOURNE, FL 32935

City/State and Zip Code

dslonim@slonimlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Slonim

Name of Person

at ( 321 )

757-5701

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

**FILED**  
09 NOV 23 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RED BIRD AVIATION, 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 SEPTEMBER 14, 2009 and assigned Florida document number L09000088249.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SLONIM PROPERTIES, LLC

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:

2317 N Wickham Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Melbourne Florida 32935-8113

Enter new mailing address, if applicable:

2317 N Wickham Rd

**(Mailing address MAY BE A POST OFFICE BOX)**

Melbourne Florida 32935-8113

**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:

THE SLONIM LAW FIRM, PA (SAME RA)

New Registered Office Address:

2317 N Wickham Rd

*Enter Florida street address*

MELBOURNE

, Florida

32935

*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	SCHOPPAUL, ELIZABETH	485 GLENWOOD AVENUE SATELLITE BEACH FL 32937	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Dated NOVEMBER 19, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

DAVID G. GLAVIN  
 \_\_\_\_\_  
 Typed or printed name of signee