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B. KOHR

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EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo						
SUBJECT:	HORIZON FLI	GHT ACADEMY LLC				
SUBJECT:		ted Liability Company	9 to 10 to 1			
			0,0			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	09 10 1 23 IM 9.			
Please return all correspond	ence concerning this matter	to the following:	ؠ			
	AMICHAI HENDEL					
	Name of Person					
AMI HENDELLI C						
	AMI HENDEL LLC Firm/Company					
8221 SW 15TH STREET #1213						
Address						
PLANTATION, FL 33324						
City/State and Zip Code						
violasolo00@yahoo.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
44404	IALLIENDE!	054	20.4070			
Name of P	IAI HENDEL	at (<u>954)</u> 58 Area Code & Daytime 1	38-1370 Telephone Number			
, ,	erson.	7.101 Could be 1743, 11110 C	- Provide the second of the se			
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



HORIZON FLIGHT			9.
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appear bility Company)	s on our records.)	\sigma
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	10/15/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	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 "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		*******	
(Principal office address MUST BE A STREET ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		our records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	F_{ν}	tar Florida etraat addı	*000

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.

City

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 Title** Name **Address** MGR Sunstine Business Managment LLC 8221 SW 15TH STREET ☐ Add PLANTATION, FL 33324 √ Remove ☐ Add Remove Add ☐ Remove Add Remove \square 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 AMICHAI HENDEL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00