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SECRETARY OF STATE
TALL AHASSEES FLORIDS

T. CLINE

FEB 10 2010

EXAMINER

TO: Registration S Division of Co				
SUBJECT:	Name of Limited Liability Company	_		
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.			
Please return all corresp	pondence concerning this matter to the following:			
	Maxim Voronin Name of Person Moonshine Aviation LLC Firm/Company 917 Biscayne Blvd Unit#5 Address Deland, FL 32724 City/State and Zip Code Voronin max @ gmail. com E-mail address: (to be used for future annual report notification)	SECRETARY OF TAULAHASSEE.	2010 FEB -9 i	बार्डा-समृद्धः स्व - वृद्धः स्व - वृद्धः स्व - वृद्धः स्व - वृद्धः
For further information	concerning this matter, please call:			-1
	voron'in at (386) 873-9995 e of Person Area Code & Daytime Telephone Nu	ımber	55	
Enclosed is a check for	the following amount:			
\$25,00 Filing Fee	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fe tificate of S tified Copy ditional cop	status &	losed)

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

	ation, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000105457</u> .	were filed on November 2, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	917 Biscayne Blad, & Unit #5
(Principal office address MUST BE A STREET ADDRESS)	Unit #5 Deland, FL 32724
Enter <u>new mailing address,</u> if applicable:	917 Biscayne Blvd.
(Mailing address MAY BE A POST OFFICE BOX)	Unit #5 = 5 Deland, FL 32724
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: Uo	Biscoyne Blvd. Unit #5 Enter Florida street address
New Registered Office Address: 917	Biscayne Blvd. Unit #5
	' Enter Florida street address
_ Dela	City , Florida 32724 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

or Managing Member being added or removed from our records:

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