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EXAMINER



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05/09/11--01030--005 **25.00

11 MAY -9 PM 3:29
SECRETARY OF STATE SECRETARY ASSEE, FLORIO

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT∙	AEROSPAC	CE AUCTIONS LLC		
50131			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			MYLES THOMAS	eni.	
			Name of Person		
		AERO	DSPACE AUCTIONS LLC		
			Firm/Company		
			4489 36TH STREET		
Address					
			City/State and Zip Code		
			PRLANDO, FL, 32811 to be used for future annual report notification)		
For fur	ther information	econcerning this matter, please c	•		
MYLES THOMAS		LES THOMAS	at (407) 8080067		
	Name	of Person	Area Code & Daytime Telephone Nu	mber	
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	Filing Fee, ificate of Status & ified Copy litional copy is enclosed)	
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	is:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEROSPACE A				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL09000112093	y were filed on	11/20/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:	:		
AEROSPACE & ASS	ET AUCTIONS LI	LC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company	y," the designation '	'LLC" or the abbrevia	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			PG =	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			MAY -9 PH 3: 2 CHETARY OF STATE ANASSEE, FLORE	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		r records, enter	0 K	
Name of New Registered Agent:				
New Registered Office Address:	Fnte	r Florida street aa	Idress	
	enier rioriaa sireei aaaress			
	Cin	, Florida _	Zin Code	
	Citv		zm coae	

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>	Address	Type of Action
MGRM	DENIS WELLFARE	1369 COUNTRYRIDGE PLACE ORI ANDO FLORIDA, 32835	✓ Add Remove
			Add Remove
			□ Damaria
			Add Remove
			Add
			Add Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if nece.	ssary.)
·			
Dated	MAY 4th		
	Signatur	re of a member authorized representative of a member	
		MYLES THOMAS Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00