109000116119

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800256031378

01/27/14--01033--001 **25.00



J. Stilvers JAN 30 2013

COVER LETTER

UBJECT:	Name of Limited Liability Company
ne enclosed Articles of	Amendment and fee(s) are submitted for filing.
ease return all correspo	ondence concerning this matter to the following:
	Derek Leandro
	Name of Person
F	
	Firm/Company
	301 Yamato Rd, Suite 1240
	Address
	Boca Raton, Florida 33445
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further information of	oncerning this matter, please call:
Derek Lear	ndro561,9391612
Name (of Person Area Code Daytime Telephone Number

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□S30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pioneer Air Service, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our recording the Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Con Florida document number <u>L09000116119</u>	npany were filed on 12/07/2009	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company." the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>(SS)</u>	
		2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		£4-
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		enter the name of the new
	•	
Name of New Registered Agent:		·
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	eet address -
	, Flori	da
	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR Derek Leandro 2501 Red Hibiscus Blvd,Ste 202 □ Add □ Delray Beach, Florida 33445 □ Remove MGR Robert Case 3315 NE 15th Street □ □ Add □ Remove		lanager uthorized Member		
Delray Beach, Florida 33445 ✓ Remove MGR Robert Case 3315 NE 15th Street Fort Lauderdale, Florida 33304 Remove Add Remove	<u>Title</u>	Name	Address	Type of Action
MGR Robert Case 3315 NE 15th Street Fort Lauderdale, Florida 33304 Remove	MGR	Derek Leandro	2501 Red Hibiscus Blvd,Ste 202	Add
Fort Lauderdale, Florida 33304 Remove			Delray Beach, Florida 33445	Remove
Add Remove	MGR_	Robert Case	3315 NE 15th Street	Add
Remove Add Add Add			Fort Lauderdale, Florida 33304	Remove
Remove Add Add Add		,		
Remove				Add
Remove				Remove
Remove				
Remove				Add
				Remove
Remove.				Add
			· · · · · · · · · · · · · · · · · · ·	Remove
Add				Add
Remove				

	
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be more	(optional) than 90 days after filing.) (605.0207 (3)(
an effective date is listed, the date must be specific and cannot be more	(optional) than 90 days after filing.) (605,0207 (3)(
Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more ted December 01 2013	(optional) than 90 days after filing.) (605.0207 (3)(
an effective date is listed, the date must be specific and cannot be more	(optional) than 90 days after filing.) (605.0207 (3)(
an effective date is listed, the date must be specific and cannot be more ted December 01 2013	than 90 days after filing.) (605,0207 (3)(
an effective date is listed, the date must be specific and cannot be more ted December 01 2013 Signature of a member or authorized repres	than 90 days after filing.) (605,0207 (3)(
ed December 01 2013	than 90 days after filing.) (605,0207 (3)(
an effective date is listed, the date must be specific and cannot be more ted December 01 2013 Signature of a member or authorized repres	than 90 days after filing.) (605.0207 (3)(

Filing Fee: \$25.00