

LD4000119033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

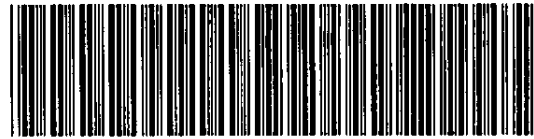
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend.

Office Use Only



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04/12/13--01030--003 **25.00

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2013 APR 12 AM 9:02

CLERK OF STATE
MAIL ROOM
TALLAHASSEE, FL 32399

2

J. SAULSBERRY
EXAMINER
APR 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 525 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:

TRACY BERO
Name of Person

ACORN STAIRLIFTS, INC
Firm/Company

7335 LAKE ELLENOR DR
Address

ORLANDO, FL 32809
City/State and Zip Code

tbero@acornstairlifts.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

For further information concerning this matter, please call:

TRACY BERO at (407) 650-0216 X1403
Name of Person 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**

525 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 12/15/2009 and assigned Florida document number 109000119033.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF DISTRICT COURT
JAIL ANAHEIM, CA 91601

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:

JAMES BRADLEY

New Registered Office Address:

7335 LAKE ELLENOR DR

Enter Florida street address

ORLANDO

City

Florida

32809

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:

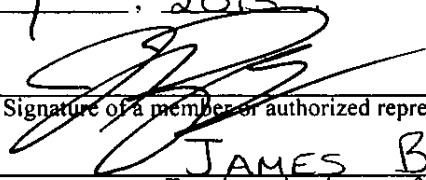
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DONALD SHAPIRO	7335 LAKE ELLENOR DR	<input type="checkbox"/> Add
		ORLANDO, FL 32809.	<input checked="" type="checkbox"/> Remove
MGRM	JAMES BRADLEY	7335 LAKE ELLENOR DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32809.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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JANET M. ROBERTSON

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

Dated 4/9/ . 2013


Signature of a member or authorized representative of a member

JAMES BRADLEY
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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