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SEP 1 6 2011 **EXAMINER** ار التون

## CÖVER LETTER

TO:	Registration Se Division of Cor			7
SUBJ	ECT:	Private Aircra	ft Management, LLC	
•		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ndence concerning this matter	r to the following:	
			Nicholas I Kitchen	
			Name of Person	
		Private	Aircraft Management, LLC	
			Firm/Company	-
		485	51 Chancellor Drive #22	
Address				
			Jupiter, FL 33458	
			City/State and Zip Code	
			kitchen31@gmail.com to be used for future annual report notific	antion
For fu	rther information co	oncerning this matter, please of	•	atton
Nicholas I Kitchen Name of Person		at ( 843 ) Area Code & Daytime	200-8646 Telephone Number	
Enclos	sed is a check for th	e following amount:		
<b>₽\$</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

4.

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

Private Aircraft Management, LLC

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2011 SEP 15 PM 2: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability ( (A Florida Lin	Company as it now appear mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document numberL1000005452	mpany were filed on	1/15/2010	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	any," the designation "I	LLC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ada	lress
		, Florida	
	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 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

Title	Name	Address	Type of Action
MGRM	Jonathan A Walrath	4851 Chancellor Drive #22 Jupiter, FL 33458	Add _☑ Remove 
			Add Remove
			Add Remove 
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amending	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			2011 SEP 15 SECRETAR SECRETAR
Dated	September 13 , 201	Pon Welseth	5 PM 2: 20 SPM 2: 20 SEE, FLORIDA
	Nicholas I Kito	or authorized representative of a member then / Jonathan A Walrath r printed name of signee	<del>~</del>

Page 2 of 2

Filing Fee: \$25.00