Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number: 120070003160 Phone

: (800)494-3124

Fax Number

: (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | | | |
|-------|----------|--|------|------|--|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL AVIATION MANAGEMENT CONSULTANCY, LLC

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| Page Count | 02 |
| Estimated Charge | \$25.00 |

J. BRYAN

FEB 2 2 2009

EXAMINER

7.10000037289.3.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | TON MANAGEMENT CONSULTANCY | | | | |
|--|--|---------------------------------------|--|--|--|
| (Name of the Limited Liab | ility Company as it now appears on our da Limited Liability Company) | records,) | | | |
| (A Fion | da Limited Liability Company) | ₹s. 5 | | | |
| The Articles of Organization for this Limited Liability | y Company were filed on02/01/201 | O and assigned | | | |
| Florida document number L10000011976 | | 超 二 | | | |
| | · · · · · · · · · · · · · · · · · · · | (5, 5 , 0) | | | |
| | | | | | |
| This amendment is submitted to amend the following | Ç | | | | |
| A. If amending name, enter the new name of the l | imital linkility on many house | S | | | |
| A. It amending maine, enter the new maine of the | muted habinty company nere: | F STATE | | | |
| IAM CONSULTANCY, LLC | | <u> </u> | | | |
| The new name must be distinguishable and end with the " L,L,C ." | words "Limited Liability Company," the c | designation "LLC" or the abbreviation | | | |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| THE PART OF THE PORT OF THE PORT | | | | | |
| | | | | | |
| | • | | | | |
| B. If amending the registered agent and/or reg | dstered office address on our recor | ds, enter the name of the new | | | |
| registered agent and/or the new registered office a | ddress here: | | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | (Enter Florid | da street address) | | | |
| | (= 1.5 1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1. | | | | |
| | | 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.

(II Changing Registered Agent, Signature of New Registered Agent)

Corporate

| | | ging Members on our records, <u>enter</u> or removed from our records: | | | Mget |
|-------------------------|-----------------------------|---|-------------------------------|-------------------------------|------------|
| MGR = M MGRM = | lanager Managing Member | | 귀 1000003 | 7287 - | |
| Title | <u>Name</u> | Address | | Type of Actio | <u> 2n</u> |
| | | | | Add Remove | |
| <u></u> | | | | Add Remove | |
| | | | | Add Remove | |
| | | | | Add Remove | |
| | | | | Add Remove | |
| | | | | Add Remove | |
| D. If amei | nding any other information | on, enter change(s) here: (Attach addi | tional sheets, if necessary.) | 10 FEB SECRETA FALL AHA | <u> </u> |
| - | | | | B 19 AM 8:1 | |
| Dated <u>Fe</u> | bniary 10 | 2010 | | DATE OATE | _ |
| Jaicu | product 10 | M | <u> </u> | | |
| | Signat | ure of a manufact of approvized representati | | | |
| | | Typed or printed name of signee | - | | |

Page 2 of 2

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