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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

FEB 1 7 2009

EXAMINER

COVER LETTER

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TO:	Registration Section Division of Corporations			
SUBJE				
The end	closed Articles of Amendment and fee(s) are submitted for filing.			
Please r	return all correspondence concerning this matter to the following:			
	RABIH Semaan Name of Person 1) 15 covery - Avio Center LLC Firm/Company 9863 Montague ST Address	SECRETARY	10 FEB 16 PH 2: 42	FILED
g to en t	City/State and Zip Code Nobby @ discovery autos. Com E-mail address: (to be used for future annual report notification)	OF STATE E, FLORIDA	PH 2: 42	D
For furt	her information concerning this matter, please call: abh Sana at 937, 603 – 3000 Name of Person Area Code & Daytime Telephone Number			
	d is a check for the following amount: 00 Filing Fee \$\sum_{\text{Certificate of Status}} \square \sum_{\text{S55.00 Filing Fee & Certificate of Status}} \square \sum_{\text{S60.00 Filing Fee & Certificate of Status}} \square \text{Certified Copy Certificate of Status} \square \text{Certified Copy is enclosed} \square \text{Certified (additional copy is enclosed)}} \text{Certified Copy (additional copy is enclosed)}}	te of Sta I Copy	atus &	osed)
	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

•	OF		題巴广	
); scorum		te UC	震声 四	}
(Name of the Limited Liability (A Florida)	Limited Liability Company)	s on our records.	£2. 55	,
The Articles of Organization for this Limited Liability C	Company were filed on	2-11-10	and stangned	
Florida document number <u>L 100000 [6347</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :		
Discovery Avi	O CENTER			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)	 		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ur records, enter t	the name of the new	
•				
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	Enter Florida street address		
<u></u>	* · · · · · · · · · · · · · · · · · · ·	, 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** Remove Remove ∏Add ☐ Remove Add Remove ∏Add Remove ∏Add ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2-12-10 Dated ___ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00