L10000 20662

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COVER LETTER

TO:	Registration Sec Division of Cor		· · · · · · · · · · · · · · · · · · ·				
CUDU		LAND AVIATION, LLC					
SOBJI	ECT:	Name of Limi	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are subr	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Stuart I. Grossman, P.A.					
			Name of Person				
		Levine Kellogg Lehman So	chneider + Grossman LLP				
			Firm/Company				
	201 S. Biscayne Boulevard, 22nd Floor, Miami.Center						
			Address				
		Miami, FL 33131					
		sig@lklsg.com	City/State and Zip Code				
		201 S. Biscayne Boulevard, 22nd Floor, Miami.Center Address Miami, FL 33131 City/State and Zip Code					
For fu	ther information c	oncerning this matter, please ca	all:				
Stuart	I. Grossman		305 403-8788 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
■ \$2	5.00 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

GRAND ISLAND AVIATION, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L10000020662 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 contain 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) 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: New Registered Office Address: Enter Florida street address Florida

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIANNE SILVER	95 NORTH COUNTY ROAD	
		PALM BEACH, FLORIDA 33140	■ Remove
			Change
MGR	JEFFREY B. GREENE	95 NORTH COUNTY ROAD	■ Add
		PALM BEACH, FLORIDA 33140	□ Remove
			Change
			□ Add
			☐ Remove
			Change
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			Change
			□ Add
			☐ Remove
			□ Change

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(If an effective d <u>Note:</u> If the	ate, if other than date is listed, the dat date inserted in the effective date on t	n the date of file to must be specific his block does no	ling: and cannot be p ot meet the ap	rior to date of filir	ng or more than 90 y filing requirem	_ (optional) lays after filing.) P ents, this date wi	Ursuant to 605.	0207 (3)
the record s) The 90th	specifies a del day after the	ayed effective record is file	e date, but ed.	not an effec	tive time, at 1	.2:01 a,m. on	the earlie	r of:
Dated		10/2	<u>}, 20</u>	L.				
	/ ///	/ \						
	CUL,	Signature o	f a member or a	uthorized represe	ntative of a membe	r		

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Filing Fee: \$25.00