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EXAMINER



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ZOII JUL -1 PM SP (1)
SECRETARY OF STATE
TALLAHASSEE, FI DE TALLAHASSE

COVER LETTER

Division of Co	orporations		
SUBJECT:		ATRICATS CCC led Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	721 SE
	ABID FAR	Name of Person	ZOIL JUL ~1 SECRETARY TALLAHASSE
		COAFF CLC Firm/Company	ECRETARY OF STATE LLAHASSEE, FLORIDA
	39440 S.	OCCITY AVE	TATE ORIDA
	ZEPHYRHIC	City/State and Zip Code HAMMICA O HAMM o be used for future annual report notifica	42
	E-mail address: (t	HAMMICA @ YATHO o be used for future annual report notifica	tion)
For further information	concerning this matter, please concerning	all:	
ABIO FA	HROOQUI'	at (<u>313)</u> 786 8 Area Code & Daytime T	2 9 0 elephone 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)
MAII	LING ADDRESS:	STREET/COURIER	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APOULO AIRCRAFT (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 _ Florida document number 400000032197 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 " nabbreviation "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 _ 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