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11 JUL - | PM | - 17



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ABID FAROOQUI  Name of Person	
TAMPA BAY ACROSPORT UC	
39K40 South AVE	
City/State and Zip Code	
City/State and Zip Code  A PO WO NO RAH AMERICA & YAHOO, GOM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ABIN FAROS QUI at (813 786 8290  Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\	

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

DIVISION OF CORPORATIO

11 JUL - 1 PM 1:47 AEROS PORT (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 \_\_\_\_\_\_4/1/10 Florida document number <u>L1 000 000 322.05</u> 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 "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: \_, Florida \_ Zip Code City 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 = N MGRM =	Aanager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If ame	ending any other information, en	ter change(s) here: (Attach additional sheets, if neces.	= = =
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Dated	27 JUNE	<u>, 2011 </u>	<i>5</i> 5
	Signature o	a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
	PHILLIP	Typed or printed name of signee  PRESI	7700
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Page 2 of 2

Filing Fee: \$25.00