## 10000045182

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS JUN 17 2010					
EXAMINER					

Office Use Only



400181851794

06/14/10--01028--015 \*\*25.00



FILED JUN 14 PH 4: 34 ECKETARY OF STATE I.AW OFFICES RONALD T. BEVANS, JR., P.A. 1221 Brickell Avenue Suite 2660 MIAMI, FLORIDA 33131 Tele (305) 374-7535 Fax (305) 374-9869/8403

## Via United States Mail

June 9, 2010

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: SLP Aviation Advisors, LLC

Amendment to Articles of Incorporation

Dear Sir or Madam:

Enclosed please find check no.: 1633 in the amount of \$25.00 for the Amendment of the Articles of Incorporation for the above-referenced company.

We are simply correcting a typo in the address.

If you have any questions, please feel free to contact our office.

Sincerely,

Ronald T. Bevans, Jr.

Encls.

cc: SLP Aviation

## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT:	SLP AVIATION ADVISORS, LLC			
	Name of Limited Liability Company			
The enclose	d Articles of Amendment and fee(s) are submitted for filing.			
Please retur	n all correspondence concerning this matter to the following:			
	Ronald T. Bevans, Jr.  Name of Person			
	Name of Person			
	Law Offices of Ronald T. Bevans, Jr., PA			
	Firm/Company.			
1221 Brickell Avenue, Suite 2660				
	Address			
	Miami, Florida 33131			
City/State and Zip Code				
	rtbevans@bevanslaw.com  E-mail address: (to be used for future annual report notification)			
For further	information concerning this matter, please call:			
	6			
	Name of Person at ( )  Area Code & Daytime Telephone Number			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is	a check for the following amount:			
<b>₹</b> 25.00 I	Filing Fee \$\bigcup \\$30.00 Filing Fee & \bigcup \\$55.00 Filing Fee & \bigcup \\$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)  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

SLP AVIATION A	DVISORS, I	LLC		
(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 Florida document numberL10000045182	were filed on	April 27, 2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	4266 NW 65th Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Coral Spring	s, Florida 33067		
Enter new mailing address, if applicable:	4266 NW 65	th Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, Florida 33067			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	our records, <u>enter the</u>		
	City		Elp Code	
New Registered Agent's Signature, if changing Registered Agent:	1		Du t	

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
. •			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
-			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
		i.	<del>-</del>
	June 8 2	m.	<del></del>
	Signature of a memb	wi Py / ANTURNA IN EAST	
	Lunal	er or authorized representative of a member  Wire August 1. The August 1	

Page 2 of 2

Filing Fee: \$25.00