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SEURETARY OF STATE
FALLAHASSEF, FLOBER

D. BRUCE SEP 2 8 2010 EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Sheltair A	viation JFK, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Damaso W. Saavedra		
		Name of Person		
	Saavedra, Pelosi, Goodwin & Hermann, A.P.A. Firm/Company			
312 S.E. 17th Street, Second Floor				
		Address		
Fort Lauderdale, Florida 33316				
		City/State and Zip Code		∄ 5 →
	kdavis@lawspgh.com			O S
	E-mail address: (to be used for future annual report	rt notification)	HASS T
For further information co	oncerning this matter, please of	eall:		EP 27 PM
Kat	hy R. Davis	at (_954)	767-6333	E. FLOR
Name of		Area Code & I	Daytime Telephone Number	U +: 52 FIATE LORIDA
Enclosed is a check for th	e following amount:			•
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified C	of Status &

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

Shelt (Name of the Limited Liab (A Flor	air Aviation JFK, LLC pility Company as it now appear ida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Florida document number		May 26, 2010 and assigned		
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company her	2:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	SEP 27 PM 4: 5 EUNETARY OF STAT		
B. If amending the registered agent and/or registered agent and/or the new registered office :		ur records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Ent	er 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

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

<u>Title</u>	Name	Address	Type of Action					
MGRM	Gerald M. Holland	4860 N.E. 12th Avenue Fort Lauderdale, Florida 33334	_□ Add _☑ Remove -					
<u>MGRM</u>	John F. Schmatz	4860 N.E. 12th Avenue Fort Lauderdale, Florida 33334	Add Remove					
MGRM	Sheltair Aviation LGA., LLC	4860 N.E. 12th Avenue Fort Lauderdale, Florida 33334	_✓ Add _ Remove					
			Add Remove					
			_□Add _□Remove					
<u> </u>			Add Remove					
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)						
		ALLAHASSEE, FLOR	FILED 10 SEP 27 PM 4:					
Dated	September 24 , 2010	WI (N	<i>§</i> 8					
	Signature of a member or authorized representative of a member							
_	John F. Schmatz, Managing Typed or	Member of Sheltair Aviation LGA, LLC printed name of signee						

Page 2 of 2

Filing Fee: \$25.00