

L100000095185

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 13 AM 11:54

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GLOBAL AVIATION US LLC**  
Name of Limited Liability Company

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DIVISION OF CORPORATIONS  
12 APR 13 AM 11:54

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael R. Josephs

Name of Person

Firm/Company

2699 South Bayshore Drive, 7th Floor

Address

Miami, FL 33133

City/State and Zip Code

mrj@florida-attorneys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Josephs

Name of Person

at ( 305 )

445-3800

Area Code & Daytime Telephone 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)

**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**

**GLOBAL AVIATION US LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 13 AM 11:54

The Articles of Organization for this Limited Liability Company were filed on September 13, 2010 and assigned  
Florida document number L10000095185.

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)**

2699 South Bayshore Drive

7th Floor

Miami, FL 33133

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2699 South Bayshore Drive

7th Floor

Miami, FL 33133

**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:

Michael R. Josephs

New Registered Office Address:

2699 South Bayshore Drive, 7th Floor

*Enter Florida street address*

Miami

Florida

33133

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Donald J. Markey	20 S.W. 27th Avenue, Suite 300 Pompano Beach, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael R. Josephs	2699 South Bayshore Drive 7th Floor Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 11, 2012

Signature of a member or authorized representative of a member

Michael R. Josephs

Typed or printed name of signee