L10000108409

(Re	equestor's Name)	
(Ac	idress)	
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<i>(</i> ,	.4.000)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

n of Corpo	rations				
	Name of Lin	ited Liability Company			
ticles of Ar	mendment and fee(s) are sub	mitted for filing.			
correspond	ence concerning this matter	to the following:			
	Dena Auletto				
		Name of Person			
	Saavedra-Goodwin				
		Firm/Company			
	312 S.E. 17th Street, 2nd I	Floor			
		Address	 .		
	Fort Lauderdale, FL 33310	j			
		City/State and Zip Code			
	*				
nation con		•	otification)		
THE COMMENT	terming this matter, prease c				
Name of Po	erson	Area Code Dayt	time Telephone Number		
ck for the f	following amount:				
ş 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)		
Address: ation Sec	etion	Street Address: Registration 5			
Division of Corporations		Division of Corporations			
ox 6327		The Centre of	f Tallahassee		
	nation cond Name of Peck for the fig Fee Address:	Dena Auletto Dena Auletto	Name of Limited Liability Company		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheltair FBO Management, 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 were filed on 10/18/2010 Florida document number ____L10000108409 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
COO/S	Warren D. Kroeppel	4860 N.E. 12th Avenue	
		Fort Lauderdale, FL 33334	≅Remove
			
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		Signature of a	member or ad	morized represe	ntative of a mer	iber		
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Filing Fee: \$25.00