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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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**J. Shivers** DEC 0 9 2014;

TO: Registration Section **Division of Corporations** AERU-Link MARINE Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Your KERTNER inc makine + ponch E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

AERO-LINK MARINE + DI	inef ilc
( <u>Name of the Limited Liability Comba</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	Boca Raton, Fr 33431
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3395 NW CORP. Blue. Swite # 110 Boca Ratin, Fr 33431
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	Lifting ARR R
New Registered Office Address: 295	Enter Florida street address
Boga Pa	Florida Street dadress  City  Florida  Florida
New Registered Agent's Signature, if changing Registered Agent:	> "

<u>New Registered Agent's Signature, ii changing Registered Agent:</u>

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 providently in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office oddress, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member	
Title MGR	PAUL LEBENEF	Address  Type of Action  1295 NN Call. BIM. Swife # 110 Add  Boca Pafin Fl 33431 Remove
<u>mb/L</u>	CHRISTOS MARINAKOS	1195 NN COAD. BIND. SNITCHIII KADD BOGA PATOM, FL 33431 - Remove
	JACED WOUF	1295 NW CORP. BLW). Suite \$110 Add  Boca Parton   FL 33431 XRemove
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Filing Fee: \$25.00

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