1110000020935

(Rec	juestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only



900204385209

900204385209 09/09/11--01019--001 **25.00

11 SEP -8 AH 1 37
SECRETARY OF STATE
ALLAHASSEF, FLORIT

D. BRUCE
SEP 0 9 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2011

MARK CHAMPION QUAYSIDE HOUSE, STANDARD QUAY, FAVERSHAM KENT, ME13 7BC, UK,

SUBJECT: PRIVATE JET CHARTER, L.L.C.

Ref. Number: L11000020935

11 SEP -8 AM 顯 37 JUCKETARY OF STATE TALLAHASSEE, FLORIDA

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00017638

COVER LETTER

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Private .	Jet Charter LLC		
SUBJECT:		ited Liability Company		····
	-			
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.		en a
Please return all correspor	ndence concerning this matter	r to the following:		AE 10
		Mark Champion		ARY ARY
		Name of Person		OF S
	Private Jet Charter PLC		STATI LORRI	
		Firm/Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37 10A
	Quayside House, Standard Quay, Faversham			
		Address		
	Kent, M	ME13 7BS, United Kin	ıgdom	
	City/State and Zip Code			
	mark.champion@privatejetcharter.com E-mail address: (to be used for future annual report notification)			_
For further information co	oncerning this matter, please of	•	,	
Mar	k Champion	at (+44)	1795 590 88	8
Name of			Daytime Telephone Nu	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Cert nclosed) Cert	0 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
MAILI	NG ADDRESS:	STREET/O	COURIER ADDRES	SS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Private Jet C	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL11000020935	were filed on 02/17/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	401 E. Las Olas Boulevard
(Principal office address MUST BE A STREET ADDRESS)	Suite 1400, Fort Lauderdale
	FI 33301 USA 글을 없
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	401 E. Las Olas Boulevard Suite 1400, Fort Lauderdale
	FI 33301 USA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	
	, Florida
•	City Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
MGRM	Hugh Courtenay	CLOS MARIGOT 23 (ve de Maisril Dohem 62380, FRANCE	Add Remove				
<u>MGRM</u>	Mark Champion	The Granary, Spendiff, Cooling Rochester, Kent, ME3 8DD, United Kingdom	Add Remove				
MGR	Joshua Chubb	201 SE 2ND St. Unit 612 ft Lauderdale, fl 33301 US A	Add Remove				
MGR_	Daniel Hurley	350 SOUTH EAST 2ND STREET A LAUDENDALE PL33301 FLORIDA, USA	Add Remove 				
			Add Remove				
			Add Remove				
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)					
		A A S S E F	<u> </u>				
Dated		LORIDA LORIDA	AME 37				
	Signature of a member or authorized representative of a member Mark Champion Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00