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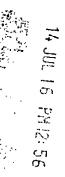
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT. Aircraft Value Forum LLC

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:

Jonathan Cauff

Name of Person

Jet Trading and Leasing, LLC

Firm/Company

3225 Aviation Ave., Ste. 501

Address

Coconut Grove, FL 33133

City/State and Zip Code

jonathan@jtl.aero

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

For further information concerning this matter, please call:

Jonathan Cauff

ູ,305、567-2424

Name of Person

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

Aircraft Value Forum LLC				
(<u>Name of the Limited</u>	I <mark>Liability Compan</mark> A Florida Limited Li	y as it now appears on our r ability Company)	ecords.)	
The Articles of Organization for this Limited Lia Florida document number L11000042960 This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to a s	bility Company v ving:	were filed on Apr. 11, 2	2011	_ and assigned
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applical	ble:	3225 Aviation Ave.	, Suite 501	
(Principal office address MUST BE A STREET	ADDRESS)	Coconut Grove, FL	. 33133	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	3225 Aviation Ave.	•	
B. If amending the registered agent and/o registered agent and/or the new registered offi	•		cords, <u>enter th</u>	e name of the n
New Registered Office Address:	3225 Aviation Ave., Suite 501			
		Enter Florida street d	7,00	E
	Coconut Gr		_, Florida <u>331</u>	33 05
Now Desistand Agent's Signature if shanging De	gistanad Agants	City		Zip Code
New Registered Agent's Signature, if changing Real Interests accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regists being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in writing the	agent and agre r and complete tered agent as p egistered office	performance of my dution provided for in Chapter (es, and I am fan 605, F.S. Or, if	niliar with and this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Media Arts & Design, Inc.	5825 SW 91st Street	Add
		Pinecrest, FL 33156	■ Remove
MGRM	Luis Ayala	3225 Aviation Ave., Suite 50	 D1 _≣ Add
		Coconut Grove, FL 3313	Remove
			□ Remove
			Add
		•	Remove
			Add

If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
-	
	<u> </u>
the date this docu	, if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ament is filed by the Florida Department of State)
Dated June	2014
	Signature of a member sylauthorized representative of a member
Jo	onathan Cauff / U//C
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00