## L11000000000014

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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D. BRUCE

OCT 13 2011.

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2011

CAROL WILSON 7862 W. IRLO BRONSON HWY #115 KISSIMMEE, FL 34747

SUBJECT: AIRLIE LLC Ref. Number: L11000062074



We have received your document for AIRLIE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 411A00021955

## **COVER LETTER**

10: K	egistration S Evision of Co	rporations		-	
SUBJECT	r•	A	IRLIE LLC		
30bJEC I	· · · · · · · · · · · · · · · · · · ·	<del> </del>	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are so	ubmitted for filing.		
		ondence concerning this matt	_		
			CAROL WILSON		
			Name of Person	-	
			AIRLIE LLC	-	
			Firm/Company		
		7862 W	7862 W. IRLO BRONSON HWY #115 Address		
		•	VICCIMATE EL 24747	11 Q	
			KISSIMMEE, FL 34747  City/State and Zip Code	ETARY HASSE	
	**************************************	E-mail address:	cwilson@4resn.com (to be used for future annual report notification)	2 AH S	
For further	information o	concerning this matter, please	call:	STATE OF THE STATE	
		ROL WILSON of Person	at ( 407 ) 670-9821  Area Code & Daytime Telephone Number	er	
	,		The Code of Bayanne Total Prince	•	
Enclosed is	s a check for t	he following amount:			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

AIRLIE	LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appea	rs on our records.	<del></del> -
(A Florida Ellinted L	lability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	05/25/2011	and assigned
Florida document numberL11000062074			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company he	re:	
N /	A	<del></del>	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	any," the designation "L	LC" or the abbreviation
		11 A -	
Enter new principal offices address, if applicable:		// / 🏲 🗸	
(Principal office address MUST BE A STREET ADDRESS)		TAS:	8
		IAS	<u> </u>
		SEI SEI	10 F
Enter new mailing address, if applicable:		μ, μ, 10,13	7
• · · · · · · · · · · · · · · · · · · ·		<u>5</u> \$	्रे छ
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<del>-</del>
		• • •	1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	ne name of the new
registered agent and/or the new registered office address new	•		
	Λ	12	
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street add	ress
		, Florida	
	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 **Title** Name **Address Type of Action** MGR CHARLES OGILVIE 174 GREAT FRONTIER DR ✓ Add GEORGETOWN, TX 38633 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove □Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE MANAGEMENT TO A MANAGER MANAGED COMPANY ARTICLE IN ADD CHARLES OGILVIE AS MANAGER AS REQUESTED IN SECTIO№ KEEP CHARLES OGILVIE AS MEMBER ALSO. SEPT 16 2011 Signature of a member or authorized representative of a member CAROL O WILSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00