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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Phone : (407)841-1200 Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JETSC HOLDING, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

(((H22000387882 3)))

JETSC HOLDING, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	y 19, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	022 HO Y
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	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
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 reagent and/or the new registered office address here:	-
Name of New Registered Agent:	
New Registered Office Address: Enter Flore	da strect address
	Tionido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

From: Leslie Perryman , Fa

Fax: 14072329822

To:

Fax: (850) 617-6383

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000387882 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Meixsell, Edward	P.O. Box 1263	
		Longwood, FL 32752	□Remove
			∃ Change
MGR	Meixsell, Scott	P.O. Box 1263	
		Longwood, FL 32752	□Remove
			□ Change
MGR	Carter, Tracey	P.O. Box 1263	■Add
		Longwood, FL 32752	□ Remove
			☐Change 22
			Change 28 NO V J
			□ Remover
			⊕ Changeo
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□ Change

Fax: (850) 617-6383

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