LIIDOOOAAHH

(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootiment Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openia, menacina, o co y min g o mean
·

Office Use Only



600214349196

11/21/11--01043--022 **25.00

11 NOV 21 FM 2: 48
SECKETARY OF STATE
TALL AHASSEF, FLORIDA

D. BRUCE

NOV 2 2 2011

EXAMINER

COVER LETTER

CHDIECT.	BKV Aero	Squadron, LLC			
Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Frederic Guenther		-	
		Name of Person			
	BKV Aero Squadron, LLC				
		Firm/Company			
	9232 Cypress Cove				
•		Address		Žo: _	
	Weeki Wachee, FL 34613				<u> </u>
	City/State and Zip Code				
		tersuperskip@aol.com to be used for future annual report no	tification)	SEI	- ;
For further information co	oncerning this matter, please of	all:	•	OF STATE E. FLORID	, C
	eric Guenther	at (<u>352</u>)	442-5187		9.
Name of	Person	Area Code & Dayt	ime Telephone Numbe	r	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	ate of Status &	
Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKV Aero Squ	adron, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	vas it now appea bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	08/29/2011	and assigned
Florida document numberL11000099404			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite	d Liability Comp	any," the designation "I	LC" or the abbreviation
'L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			SS 2
			THE TOTAL
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			Dm (a)
B. If amending the registered agent and/or registered office	ce address on	our records, enter t	the name of the nev
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Εi	nter Florida street ada	lress
		, 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>	Address	Type of Action
MGR	Lee L. Johnson	13494 Tyringham Street Spring Hill, Florida 34609	✓ Add Remove
MGR	Walter J. Dorion	22220 Skyview Circle Brooksville, FL 34602	✓ Add ☐ Remove
			Add Remove
	_		Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, ente	r change(s) here: (Attach additional sheets, if necess	ary.)
	Effective November 15, 2011	Jimmy Mills is a Manager.	<u>≥</u>
	Jimmy Mills is no longer a Mar		FILE 1 NOV 21 PM CANASSEE, 1
Dated _	November 16		D STATE
	Signature of a	member or authorized representative of a member	
		Kimberly A. Shurtleff, Esq.	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00