

L 11000099404

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FILED
13 OCT 30 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BKV Aero Squadron, 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:

Kimberly Shurtleff

Name of Person

Kimberly A. Shurtleff, PA

Firm/Company

1818 Short Branch Drive

Address

Trinity, Florida 34655

City/State and Zip Code

kim@kimberlyshurtleff.com

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

For further information concerning this matter, please call:

Kimberly Shurtleff

Name of Person

727 815-3693

at ()

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**

BKV Aero Squadron, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 OCT 30 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/29/2011 and assigned
Florida document number L11000099404.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12220 Skyview Circle

Brooksville, Florida 34602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12220 Skyview Circle

Brooksville, Florida 34602

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Walter Doiron

New Registered Office Address:

12220 Skyview Circle

Enter Florida street address

Brooksville

Florida 34602

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

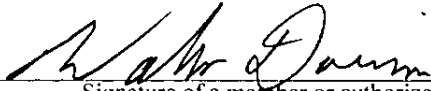
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Aubrey Doyle Teachey	15489 Sowora Drive	<input checked="" type="checkbox"/> Add
		Brooksville, FL 34604	<input type="checkbox"/> Remove
MGRM	F.J. Guenther & Associates, Inc.	9232 Cypress Cove	<input type="checkbox"/> Add
		Weeki Wachee, FL	<input checked="" type="checkbox"/> Remove
		34613	
MGR	Jimmy Mills	9218 Cypress Cove	<input type="checkbox"/> Add
		Weeki Wachee, FL	<input checked="" type="checkbox"/> Remove
		34613	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

- Walter Doiron's title is hereby changed from Manager to Managing Member

Dated October 22, 2013



Signature of a member or authorized representative of a member

Walter Doiron

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00