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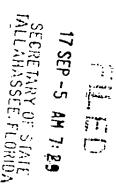
(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor			•
		VIATION HOLDINGS LLC	•	
SUBJEC	r:		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		KEVIN CARMICHAEL		
			Name of Person	
		WORLD AVIATION HO	LDINGS LLC	
			Firm/Company	
		2550 NW 14TH COURT		
			Address	
		FORT LAUDERDALE, F	L 33311	
			City/State and Zip Code	
		MARK@TAX-RECOVER		
		E-mail address: ()	to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
MARK I	IAJEC		954 921-1041 at ()	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

WORLD AVIATION HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
on for this Limited Liability Company were filed on 09-16-2011	and as
L11000106434	

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L11000106434		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter</u>	the name of the new
	·	
Name of New Registered Agent:		SE 17
New Registered Office Address:		SE SE
	Enter Florida street address	SS -5
	, Florida	EO B
	City	Zip Cotte
New Registered Agent's Signature, if changing Registered Agent:		
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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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	CC Chastity Failach -Carmichael	2550 NW 14TH COURT	= Add
		FORT LAUDERDALE, FL 33311	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
		. <u> </u>	Remove
			Change
			🗅 Add
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			☐ Change
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			□ Change

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an effective date is	f other than the dat s listed, the date must be	specific and car	not be prior to	date of filing or	more than 90 day	(optional) rs after filing.) Pur	suant to 6	05.0207
Note: If the date ocument's effect	inserted in this block tive date on the Depar	does not meet tment of State	the applicabe's records.	le statutory fil	ing requi rem en	ts, this date will	not be lis	sted as
e record spec The 90th da	cifies a delayed ef y after the record	fective date is filed.	e, but not a	an effective	time, at 12	:01 a.m. on	the ear	lier o
ated	, 8-30	-17		ſ				
·accu	 	 ,	~	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00