

Division of Corporations

Page 1 of 2

# 112000005690

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H150000239183)))



H150000239183ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CUMMINGS & LOCKWOOD, LLC  
Account Number : 102336001100  
Phone : (239) 649-3101  
Fax Number : (239) 430-3344

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

**clasp@cl-law.com**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAGE AVIATION LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

**FILED**  
 15 JAN 29 AM 8:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H150000239183)))

Sage Aviation LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 11, 2012 and assigned  
Florida document number L12000005690.

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:

2439 13th Court North

**(Principal office address MUST BE A STREET ADDRESS)**

Arlington, VA 22201

Enter new mailing address, if applicable:

2439 13th Court North

**(Mailing address MAY BE A POST OFFICE BOX)**

Arlington, VA 22201

**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:

CLASP, Inc.

New Registered Office Address:

3001 Tamiami Trail North, Suite 400

Enter Florida street address

Naples

, Florida

City

15 JAN 29 AM 8:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 323103

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 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.*

*May Beth Crawford*

If Changing Registered Agent, Signature of New Registered Agent

(((H15000023918 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

((H15000023918 3)))

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                          | <u>Type of Action</u>                      |
|--------------|-------------------|---|--|
| AMBR         | Michael Rosenberg | 1805 Wiley Post Trail                   | <input type="checkbox"/> Add               |
|              |                   | Port Orange, FL 32128                   | <input checked="" type="checkbox"/> Remove |
| AMBR         | Ken Rosenberg     | Trustee of the Michael J. Rosenberg     | <input checked="" type="checkbox"/> Add    |
|              |                   | Trust dated June 4, 2010                | <input type="checkbox"/> Remove            |
|              |                   | 2439 13th Court N., Arlington, VA 22201 |  |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |

RECEIVED  
JAN 29 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H15000023918 3)))

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

(((H15000023918 3)))

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated January 29, 2015

Mary Beth Crawford

Signature of a member or authorized representative of a member

Mary Beth Crawford

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 JAN 29 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H15000023918 3)))