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12 JUL -9 PH 12: 29

SECRETARY OF STATE
DIVISION OF CORPORATION

JUL 10 2012

T. HAMPTON

COVER LETTER

TO: ` Registration Section Division of Corporations							
SUBJECT: AIRCRAFT ANALYTICS 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:							
Lo REN LEWS Name of Person							
Firm/Company 204 NW / 35 + 4 / 0 / Address							
$\frac{284}{\text{Address}}$							
City/State and Zip Code LOREN BAIRCRAFTANALYTICS, Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (3)3) 377-5716 Area Code & Daytime Telephone Number							
Lenclosed is a check for the following amount:							
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) FLING-FEE							

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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

•	•	OF	12 JUL -9	PM 12: 29
	HIRCRAFT (Name of the Limited Liabi	ANALYTICS	. LLC	
	(Name of the Limited Liabi (A Florid	lity Company as it now appear la Limited Liability Company)	rs on our records.)	
The Articles	of Organization for this Limited Liability	Company were filed on	4/16/10	_ and assign

Florida document number <u>L12000050931</u>

This amendment is submitted to amend the following:

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

"L.L.C."	• • •	
Enter new principal offices address, if applicable:	2509 Nu	174+AVE
(Principal office address MUST BE A STREET ADDRE	SSS SUITE#1	
	MIAMI, F	174+4 AVE L 33177
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
	, Florida	
	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 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 **Title Type of Action Name** Address EVA WILLIAMS MGR ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member LOREN LEWIS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00