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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corpo | | | |
|--|--------------------------------|---|--|
| SUBJECT: | HOT WINGS Name of Limit | AVIATION, LLC red Liability Company | |
| The enclosed Articles of Ar | nendment and fee(s) are sub | mitted for filing. | 13 H. V. S. |
| Please return all correspond | ence concerning this matter | to the following: | المسترية المنافقة الم |
| | Karyn - Hot Wi | Rothsteun Name of Person ngs Aviation, LLC Firm/Company | |
| | 1517 NE | Dutriager Land Address U | lings Dr. |
| | | Beach, FL 349 City/State and Zip Code reads © Comcast o be used for future annual report notification | 057 :net on) |
| For further information con- | cerning this matter, please ca | all: | |
| Karyn t | 20thstein erson | at (410) 274 - 5 Area Code & Daytime Te | 952 lephone Number |
| Enclosed is a check for the | following amount: | □\$55.00 Filing Fee & | □\$60.00 Filing Fee, |
| , | Certificate of Status | Certified Copy (additional copy is enclosed) | 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

| | INGS AVIATION, LLC | |
|--|--|--|
| (Name of the Limited | Liability Company as it now appears on our rec A Florida Limited Liability Company) | cords.) |
| The Articles of Organization for this Limited L | iability Company were filed on 16 May 2 | 2012 and assigned |
| Florida document number <u>L 120000</u> | <u>, 6337</u> . | See 3 |
| | | 3 To 1 To |
| This amendment is submitted to amend the foll | lowing: | ر عبو معربسه المعربسه المعرب المعرب |
| A. If amending name, enter the new name o | of the limited liability company horse | |
| A. If amending name, enter the new name of | it the minted nability company nere. | The same of the sa |
| The new name must be distinguishable and end wi "L.L.C." | ith the words "Limited Liability Company," the desi | ignation "LLC" or the abbreviation |
| Enter new principal offices address, if applic | cable: | |
| (Principal office address MUST BE A STREE | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | BOX | |
| | | |
| | And the state of t | |
| | or registered office address on our records | s, enter the name of the new |
| registered agent and/or the new registered o | ffice address here: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 1517 NE Outrigger EnterFlorida. | Landings Drive |
| | Jensen Beach Fr | lorida 34957 Zip Code |
| | • | . 1 |

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 = M MGRM = | anager Managing Member | NA | | | |
|-------------------|---------------------------|-------------|---------------------------------------|--------|----------------|
| <u>Title</u> | <u>Name</u> | M. | Address | | Type of Action |
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| If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| ted | 3 May 2013 |
| | Laren Hothetein) |
| | Signature of a member or authorized representative of a member |
| | Karyn Kothstein |
| | Typed or printed name of signee |
| | |

Page 3 of 3

Filing Fee: \$25.00