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T. HAMPTON

COVER LETTER

TO:

Registration Section

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Co	rporations				
SUBJECT:	Air C	Prlando, LLC			
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	pmitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Nicole C. Smith			
		Name of Person			
	Trax (Trax Capital Management, LLC			
		Firm/Company			
	200 S. Orange Ave, Ste 2800				
		Address			
		Orlando, FL 32801			
		City/State and Zip Code			
	ns E-mail address: (mith@traxcapital.com to be used for future annual report notifies	ation)		
For further information of	concerning this matter, please of	•			
Nic	cole C. Smith	at (_407)377-0	9565 Ext 703		
Name o	of Person	at (407) 377-0 Area Code & Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAIL	ING ADDRESS:	STREET/COURIER ADDRESS:			

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION SEERS FARY OF STATE OF CHEPORATIONS **OF**



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(<u>Name of the Limited Li</u> (A F)	Air Orlando, LLC ability Company as it now appea orida Limited Liability Company)	urs on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL120000825	• • • • —	June 21, 2012	_ and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRECC)		
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
		·	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	City	, Florida	Zip Code
	2117		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

, iii

MGR = Manager

MGRM = Managing Member Type of Action Title Address Name CEO Michael L. Terfehr ☐ Add 319 North Crystal Lake Drive Remove Orlando, FL 32803 Scott Koehnlein VΡ **✓** Add 319 North Crystal Lake Drive Orlando, FL 32803 Remove ☐ Add Remove ☐ Add Remove □Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Bryan Brewev
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00