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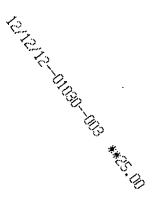
L12000082513

(Re	questor's Name)	
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J. BRYAN

DEC 1 4 2012

EXAMINER

COVER LETTER

TO:

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Registration Section Division of Corporations

Air Orlando, 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:

Nicole C. Smith

Name of Person

Trax Capital Management

Firm/Company

200 South Orange Avenue, Suite 2800

Address

Orlando, Florida 32801

City/State and Zip Code

nsmith@traxcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole C. Smith

407 377-0565 x703

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 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

Air Orlando, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our rec orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number L12000082513	ility Company were filed on 6/21/2012	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Trax Air, LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	75 2
(Principal office address MUST BE A STREET)	ADDRESS)	T PEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	C 13 AMIII: 37 ETARY OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered offic		s, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	straat addrass
	Emer Fiorida S	sireer adaress
	, Fl	lorida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			L Add
			SECRETARY SELAHASSI
			TARY CARSSEE
			STATE Remove
			Add
			Remove
			Remove
		,	Add
			Remove

D. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
	 	
December 7th	2012	
\overline{Q}	$\overline{\mathbb{Q}}$	
Signatu	re of a member or authorized representative of a member	
Bryan Brewer - Ma	anager	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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