## L12000091450

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600237833706

07/27/12--01028--021 \*\*25.00

TILED

72 JUL 27 PH 1: 18

SECRETARY OF STATE
ALL SHESSEF FLORIDA

C. LEWIS

JUL 3 0 2012

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Fiber Op	tic Aviation LLC	
	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Benjamin L. Nemser	
		Name of Person	
Firm/Company			
	12240 NE 14th Avenue		
		Address	
	N	orth Miami, FL 33161	··
	L	City/State and Zip Code	
	E-mail address: (	pen@flycatalina.com to be used for future annual report notificati	on)
For further information	concerning this matter, please c	all:	
	amin L. Nemser	at (	9-7190
Name	of Person	Area Code & Daytime Te	elephone Number
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	LING ADDRESS: tration Section	STREET/COURIER Registration Section	
Divisi	on of Corporations	Division of Corporation	ons

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL FIL	ED
" < JUL 27	014
SECRE ARY O	11 11 18
records.)	r STATE FLORIDA

Fibe	r Optic Aviation LLC	ALLAMASSE s on our records.)	OF STATE
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.)	LURIDA
The Articles of Organization for this Limited Liabilit	• • • • • • • • • • • • • • • • • • • •	July 14, 2012	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	2:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			<del>== </del>
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		, 11	
	Ent	er Florida street addre	P.S.S
_	City	, Florida	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	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRN	Frank Giotto	161 Clear Road Oriskany, NY 13424	Add  Remove
MGR	Frank Giotto	161 Clear Road Oriskanv, NY 13424	
			Domaria
<del></del>	<del>-</del>		Add Remove
	<del>.</del>		AddRemove
<del></del>			<u> </u>
D. If an	mending any other information, er Add Member:	nter change(s) here: (Attach additional sheets, if ne	cessary.)
	Giotto Enterprises, Inc.		<u> </u>
	161 Clear Rd		<b>2 JL</b>
	Oriskany, NY 13424		FILE L27 I
Dated _		, <u>2012</u> Dallul	PM 1: 18  OF STATE EE, FLORIDA
	Signature of	of a member of authorized representative of almember  Benjamin L. Nemser	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00