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SECRETARY OF STATE INTERIOR OF CORPORATIONS

JUL 3 1 2012 T. HAMPTON

COVER LETTER

TO: R	egistration Section vivision of Corporations
SUBJECT	C. ORMOND BEACH JET, LLC
	Name of Limited Liability Company
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	JEFF LEFEVER Name of Person
	Name of Person
	SUMPISE AVIATION, INC. Firm/Company
	Firm/Company
	740 AIRPORT RD Address
	Address
	OPMOND BEACH, FL 32174 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	TEFF LEFEVER at (386) 405-6406 Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25,00	Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S60.00 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

FILED SECRETARY OF STATE DIVISION OF CORPORATILES

12 JUL 30 PM 1: 20 ORMOND BEACH JET, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______7/19/2012_____ and assigned Florida document number ___ L 12000093696 . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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** Name Address **Type of Action** MGR JEFF LEFEVER 740 AIRPORT RD ☐ Add ORMOND BEACH, FL 32174 **X** Remove SUNRISE AVIATION, INC MGRM 740 AIRPORT RD Add 🔀 ORMOND BEACH ,FL 32174 ☐ Remove ☐ Add □ Remove ■Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00