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COVER LETTER

SUBJECT:	PLATINUM	AVIATION HOLDINGS, LL	.C		
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	d Anticles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Nadine Macon			
		-	Name of Person		_
		Index Investment Group			
	Firm/Company				
	1044 North U.S. Highway One, Suite 101				
Address					-
		Jupiter, FL 33477			
			City/State and Zip Code		- .
		Nadine.Macon@IndexInvest			,
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	nformation co	ncerning this matter, please cal	li:		
Nadine Mac	on		561 529	-6385	
	Name of	Person	Area Code	Daytime Telephone Numb	er
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific (Sed) Certific	Filing Fee, cate of Status & ed Copy al copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

PLATINUM AVIATION HOLDINGS, LLO		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 9/27/2012	and assigned
Florida document number L12000123646	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
<u>, </u>		
	<u> </u>	
3. If amending the registered agent and/or regi- registered agent and/or the new registered office add		, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	Bjarne E. Borg	1000 North US Hwy One	
		Suite 902	■ Remove
		Jupiter, FL 33477	☐ Change
MGR	Alan R. Swift	1000 North US Hwy One	
		Suite 902	■ Remove
		Jupiter, FL 33477	
MGR	Eric Arens	1000 North US Hwy One	B Add
		Suite 902	☐ Remove
		Jupiter, Fl. 33477	□ Change
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Adđ
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	·)
· · · · · · · · · · · · · · · · · · ·	
	
	
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:
DatedAugust 30 2018	
Cal	
Signature of a member or authorized representative of a member	
Eric Arens	

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Typed or printed name of signee

Filing Fee: \$25.00