

L 13000025900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

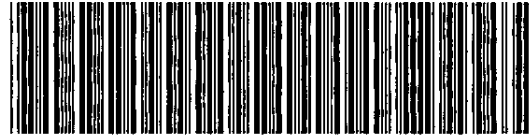
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03 APR - 8 PM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S W BURNS AVIATION/LOGISTICS "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:

LINDA PLATTE

Name of Person

S W BURNS AVIATION/LOGISTICS "LLC".

Firm/Company

1783 DAYTONA LANE

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

LPERRYPLATTE@YAHOO.COM

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

For further information concerning this matter, please call:

LINDA PLATTE

Name of Person

at (904) 520-8319

Area Code & Daytime Telephone 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)

☐ \$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**

FILED

13 APR -8 PM 8:56

**S W BURNS AVIATION/LOGISTICS "LLC".**

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on **FEB. 18, 2013** and assigned  
Florida document number **L13000025900**.

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)**

**24 MAGNOLIA CIR#2**

**ORMOND BEACH, FL 32174**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**SAME**

**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:** **CRAIG WILLIAMS/S W BURNS AVIATION/LOGISTICS "LLC".**

**New Registered Office Address:** **3766 ROS COMMONS DR SUITE#167**

*Enter Florida street address*

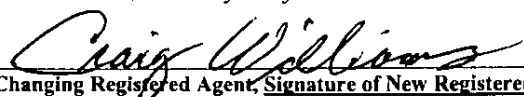
**ORMOND BEACH**, Florida **32174**

*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:

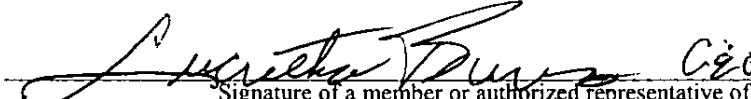
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AGENT	EMMITT GRINER	24 MAGNOLIA DR. N	<input type="checkbox"/> Add
		ORMOND BEACH	<input checked="" type="checkbox"/> Remove
		FL 32174	
MGRM	LINDA PLATTE	1783 DAYTONA LANE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL	<input type="checkbox"/> Remove
		32218	
MGR	ANGELO V. LAWSON	1783 DAYTONA LANE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL	<input type="checkbox"/> Remove
		32218	
MGR	TAFT FOWLER	2511 LIGUSTURM DR. <sup>RD</sup>	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL	<input type="checkbox"/> Remove
		32211	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Mr. Craig Williams (LB)  
THIS IS THE NEW AGENT EMAIL (BELOW)  
cwill34@netzero.net

Dated April 3, 2013

  
Signature of a member or authorized representative of a member  
LUCRETIA BURNS

Typed or printed name of signee

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Filing Fee: \$25.00