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## **COVER LETTER**

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SHBIECT		onsulting Services LLC		
SUBJECT	·	Name of Lim	ited Liability Company	<u> </u>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Eric C. Reinhardt, Esq.		
			Name of Person	
			Firm/Company	<del></del>
		310 South Dillard Street #	120	
		_	Address	
		Winter Garden, FL 34787		
			City/State and Zip Code	<del></del>
		eric@theairtravelgroup.com		
			to be used for future annual report notif	fication)
For further	r information co	oncerning this matter, please ca	all:	
Eric C Re	inhardt		407 877-7115	
_	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed i	s a check for th	ne 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

Peterson Consulting Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Horida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2 28 2013. and assigned Florida document number  $\frac{1.13000030926}{1.13000030926}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Air Travel Group LLC The new name must be distinguishable and commin the words "I imited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 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

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Typed or printed name of signee

Filing Fee: \$25.00