

L130000037761

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383** Please provide file date
B 5/15 - original
submission*

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

*Amend*LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CJJ AVIATION II, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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MAY 17 2013

MAY. 16. 2013 12:52PM

302-531-3150

NO. 5498 P. 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CJJ AVIATION II, 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 March 13, 2013
Florida document number L13000037761

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)

2823 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2823 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32246

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|---------------------------------|--|
| MGRM | JOHN CAMPION | 2823 ST. JOHNS BLUFF ROAD SOUTH | <input checked="" type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32246 | <input type="checkbox"/> Remove |
| CEO | JOHN CAMPION | 2823 ST. JOHNS BLUFF ROAD SOUTH | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32246 | <input checked="" type="checkbox"/> Remove |
| CFO | ROB UDELL | 2823 ST. JOHNS BLUFF ROAD SOUTH | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32246 | <input checked="" type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 14, 2013


Signature of a member or authorized representative of a member

HAROLD E. PATRICOFF, ESQ. - AUTHORIZED REPRESENTATIVE
Typed or printed name of signer

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