

L1300W70410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

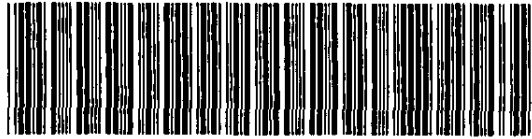
Special Instructions to Filing Officer:

A

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MAY 28 2013

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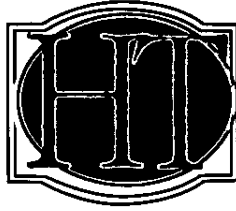
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05/24/13--01013--012 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 24 PM 4: 01

FILED



**HUDDLESTON & TEAL P.A.**  
ATTORNEYS AT LAW

MICHAEL C. HUDDLESTON ♦ MICHAEL S. TEAL

May 22, 2013

FILED  
13 MAY 24 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee FL 32314

Re: AIRPORT PLUS, L.L.C.

Dear Sir or Madam:

The enclosed original Articles of Amendment, are submitted for filing, along with payment in the amount of \$25.00, covering the filing fee. The first name of one of the members was incorrectly shown. Sorry for the inconvenience.

Should you have any questions, please contact me.

Very truly yours,

Michael S. Teal  
MST/nae  
Enc.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AIRPORT PLUS, L.L.C.**  
Name of Limited Liability Company

**FILED**  
13 MAY 24 PM 4:01  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael S. Teal**  
Name of Person  
**Huddleston & Teal, P.A.**  
Firm/Company  
**817 West New York Avenue**  
Address  
**DeLand FL 32720**  
City/State and Zip Code  
**aplus@aluminumplus.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael S. Teal** at ( **386 738-3400** )  
Name of Person 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**

AIRPORT PLUS, L.L.C.

(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 May 13, 2013 and assigned Florida document number L13000070410.

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)

**FILED**  
13 MAY 24 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Milton L. Saxton</u>	<u>750 W. International Speedway Blvd.</u>	<input type="checkbox"/> Add
		<u>DeLand FL 32724</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Michael L. Saxton</u>	<u>750 W. International Speedway Blvd.</u>	<input checked="" type="checkbox"/> Add
		<u>DeLand FL 32724</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

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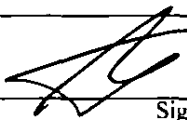
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Dated May 21 , 2013



Signature of a member or authorized representative of a member

Raymond S. Pollitt

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**