## L170000 85252

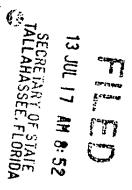
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJ	ECT:	5 Guys Avia	tion, LLC			
		Name of Limit	ed Liability Company			
The er	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		Dou	SLAS F. CASTER	<del>.</del>		
		5 Gu	YS AVIATION, LLC Firm/Company			
		359	Emeny Rd. Address	···············		
		Ful	- tem, N. 13069 City/State and Zip/Code			
		E-mail address: (to	o he used for future annual report notificat	ion)		
For fu		oncerning this matter, please co		SECRETARY OF STATE  TALLAHASSEE, FLORIDA  elephone Number	13 JUL	
***************************************	Name of	TPerson	at (315 ) 374 - 54 Area Code & Daytime To	elephone Number	17 AM 8:5	
Enclos	sed is a check for th	e following amount:		.ORIC	3; 3;	J
<b>□</b> \$2:	5.00 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 Statu Certified Copy (additional copy is	s &	ed)

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

5 Guys Avin		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>12 せい</u> い	2013 and assigned
Florida document number <u>L   3 0000 85252</u> .		
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 "I "L.L.C."	Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<b>6</b> 5 <b>Z</b>
		<u> </u>
		No.
Enter new mailing address, if applicable:		SHE 7
(Mailing address MAY BE A POST OFFICE BOX)		
		8: 52 STATE LORID
D 16 11 11 11 11 11 11 1	3 - 400 3 3	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, enter the name of the new
<del>-</del>		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Gene Snowberger	129 CAYUGA St.	Add
		129 CAYUGA St. FULTON, N.Y. 13069	Remove
<u>M.C-RM</u>	Andrew Petrus	115 Shady LANE	Add
		Syrrcuse, N.y 1321	Remove
			Add
			SECRETAR)
			SECRETARY OF STATE
			A Sikemove
			Add
			Remove
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
. ` `		
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-		
ated	8 tun , 2013.	
	() l. 1. Cultu	
	Signature of a member or authorized representative of a member	
	Douglas F. Castera Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

13 JUL 17 AM 8: 52
SECRETARY OF STATE
JALLAHASSEE, FLORID