## L13000171904

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C. LEWIS

DEC 1 9 2013

EXAMINER

## COVER LETTER

TO:	Registration Se Division of Cor	. •	٠ ميد	
SUBJ	ECT: <u>Cert</u> i	ified Aircraft Mari Name of Limit	agement and Maintenance ed Liability Company	e, LLC
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Michael Cabre	Name of Person	
		Ktinteld 4 Cab	rem, P.A. Firm/Company	<del></del>
		10235 West So	imple Road, Grite 207	
			Audress	
		Coral Springs, 1	FL 33065 City/State and Zip Code	
			City/State and Zip Code	
		m cabrera (e	mypersonedattorneys, com  be used for future annual report notificati	
		E-mail address: (to	be used for future annual report notificati	on)
For fu	rther information of	concerning this matter, please ca	all:	
	Michael Con	brera	at ( 954) 334-1520 Area Code & Daytime Te	2
	name o	or rerson	Area Code & Daytime Te	Tephone Number
Enclo	sed is a check for the	he following amount:		
		□\$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)

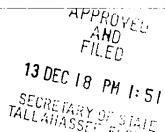
MAILING ADDRESS:

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



Certified Aircraft Management and Maintenance 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 Liabili		42, 2013 and assigned
Florida document number	<del></del> .	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida street address
	23,007.1	
	City	, Florida 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.

or Managing Member being added or removed from our records;

MGR = Manager	r			
MGRM = Manag	oino Me	mher		

<u>Title</u>	Name	Address	Type of Action
M6RM	Dumond, Daniel	4110 Georges Way	Add
		Boca Raton, FL 33065	Remove
MGR M	Lertified Aircraft Services and So	lutiony, Lorp.	Add
		2400 West Cypes Creek Road St	Remove
		Fort bardudale, FL 33309	
			Add
			Remove
			_
			Add
			Remove
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			Add
			Remove
			<del></del>
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		· · · · · · · · · · · · · · · · · · ·	Remove

	APPROVE() ending any other information, enter change(s) here: (Attach additional sheets. if necessal FILED	
, · -	13 DEC 18 PM 1:	51
-	SECRETARY OF SE TALL AHASSEF, FLO	ATE RIDA
-		
Dated	17/16/13 , 2013	
	Signature of a member or authorized representative of a member  Michael Cabara, F59.  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00