## L140000 64017

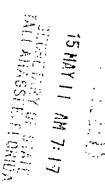
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\*Board Certified-Aviation Law

**Broward** 

1701 West Hillsboro Blvd., Suite 304 Deerfield Beach, Florida 33442

Tel: 954-482-0424 Fax: 954-977-7676 Mail to Broward Office Direct Line: 954-482-0424 Palm Beach

2385 NW Executive Center Dr., Suite 100

Boca Raton, Florida 33431 Tel: 561-999-3250 Fax: 954-977-7676

May 8, 2015

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: AVID Air, LLC

Florida Document No.: L14000064013

Dear Sir/Madam:

The enclosed Articles of Amendment are submitted for filing along with the required \$25.00 filing fee by check made payable to the Florida Department of State.

Please return all correspondence concerning this matter to:

ROBERT E. O'CONNELL, ESQUIRE ROBERT E. O'CONNELL, P.A. 1701 WEST HILLSBORO BLVD., SUITE 304 DEERFIELD BEACH, FLORIDA 33442

EMAIL: reo@reo-law.com

For further information concerning this matter, please call Robert E. O'Connell, Esquire: 954-482-0424.

Very truly yours

ROBERTE-O CONNELL

REO/kas Enclosure(s)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	\IR, LLC		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000064013</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	sility company here:		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	303B Anastasia Blvd.		
(Principal office address MUST BE A STREET ADDRESS)	PMB 142		
	ST. Augustine, FL 32080		
Enter new mailing address, if applicable:	303B Anastacia Blvd.		
(Mailing address MAY BE A POST OFFICE BOX)	PMB 142		
	St. Augustine, FL 32080		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:			
	City , Florida Zip Gode		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANTHONY E BUCKNOLE	3525 Village Blvd.	
		Apt # 402	■ Remove
		West Palm Beach, FL 33409	
MGR W	WILLIAM M. KALLOP	P.O. Box 2666	<b>A</b> dd
		Houma, Louisiana 70361	☐ Remove
			Remove
**************************************			Add
			□ Remove
			☐ Remove
		<u> </u>	□ Remove

If amending any other information, enter		sneez, y needstary,
		<u> </u>
Effective date, if other than the date of filist (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departm	date of receipt or filed date and cannot be me	(optional) ore than 90 days after
Dated April 22	2015	
WHAT IS		
Signature of	a member or authorized representative of a	member
William M. Kallop, Managin	g Member	

Page 3 of 3

Filing Fee: \$25.00

15 HAY IT AM 7: IV