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FILED
2015 SEP -8 PK 12: 30
SECRETARY OF STATE

K. SALY EXAMINER SEP 10 2015

COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:	SUMMIT AIR LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	BRIAN ENOCH	
	BRIAN ENOCH Name of Person	
	CAPSTONE AIR LLC	
	CAPSTONE AIR LLC Firm/Company	
	1652 EMERSON ST	
	Address	
	JACKSONVILLE, FL 32207 City/State and Zip Code	
	BRIANTNOCH & JAHOO.com E-mail address: (to be used for future annual report notification)	
For further information conc	scerning this matter, please call:	
BRIAN ENO	Person at (904) 725-4050 Area Code Daytime Telephone Number	
	Were code Daytine Telephone William	
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ZOIS SEP-8 PM 12: 30

TALLAHAS SEE, FLORIS

SUMMIT AIR 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 MAY 23, ZOIY and assigned Florida document number Liteoco 83554.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CAPSTONE AIR LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

Enter Florida street address

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

If amending or removed	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:					
MGR = N AMBR = N	Manager Authorized Member		Citle, name, and address of each FILED 2015 SEP -8 PM 12: 30			
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE. FLORIDA	Type of Action		
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Filing Fee: \$25.00