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SECRETARY OF STATE
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T. Burch JEB = 4 2015

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE		N SHAMEY FLIGHT IN	ISTRUCTION LLC	
SUBJE	C1	Name of Limi	ited Liability Company	<del></del>
The enc	losed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	idence concerning this matter	to the following:	
		NATHAN SHAMEY		
			Name of Person	d for filing. e following:  Name of Person  Firm/Company  COURT  Address  1  ry/State and Zip Code  com  used for future annual report notification)
			Firm/Company	
		12803 AUSTIN COV	E COURT	
		CLERMONT, FL 34	<del>1</del> 711	
		··· · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		blueskyacoustic@gm		
		E-mail address: (t	to be used for future annual report notific	ation)
For furt	her information co	ncerning this matter, please ca	all:	
Nath	an Shamey			
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	e following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

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**

### NATHAN SHAMEY FLIGHT INSTRUCTION, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document numberL15000002904	ere filed on 01/06/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
CORSAIR FLIGHT INSTRUCTION, LLC		
The new name must be distinguishable and end with the words "Limited Liability	ly 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)		<u> </u>
	<u></u>	<u> </u>
		SSS 27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		<u> </u>
		A
B. If amending the registered agent and/or registered office	ce address on our records, ente	r the name of the new
registered agent and/or the new registered office address here:		
N. C.V. B. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		···
	Enter Florida street address	
	, Florida _	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I an	familiar with and

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 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 = M	lanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Remove
			Add
			Remove
			□ Add
			Remove
			□ Remove
			Add
		<u></u>	□ Remove
			□ Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,	)		
Title show here the show that the data of title are			
Effective date, if other than the date of filing:			
the date this document is filed by the Florida Department of State)			
Dated 01/18 , 2015.			
Nathan & Shanes		_	
Signature of a member or authorized representative of a member			
NATHAN SHAMEY  Typed or printed name of signee		_	
Typed of printed name of signee	7	_4	
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Filing Fee: \$25.00