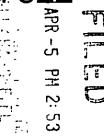
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A COLOR

S. PRATHET



October 17, 2018

Bianca Baldwin Pilot Aviation English, LLC 604 N. Pine St. New Smyrna Beach, FL 32169

SUBJECT: PILOT AVIATION ENGLISH, LLC

Ref. Number: L15000088603

We have received your document for PILOT AVIATION ENGLISH, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall Bureau Chief

Letter Number: 118A00021223

Ida 4/4/2014

Ms.Shofstall,

I dissolved Alpha Zulu Solutions in September of 2018 Document Number: L17000095712 and would like to replace my active LLC named Pilot Aviation English, LLC with the business name Alpha Zulu Solutions, LLC. Please accept this affidavit as a release of the business name Alpha Zulu Solutions, LLC for name change filed on October 17, 2018 with Reference Number L15000088603 and Letter Number: 188A00021223.

Thank you,

Bianca Baldwin 904-860-1585

## **COVER LETTER**

	IATION ENGLISH, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	BIANCA BALDWIN			
		Name of Person	· · · · · ·	
	PILOT AVIATION ENGL	JISH, LLC		
		Firm/Company		
	604 N PINE ST			
		Address		
	NEW SMYRNA BEACH,	FLORIDA 32169		
	BIANCATBALDWIN@GN	City/State and Zip Code MAIL.COM		
	E-mail address: (to be used for future annual report notification)			
For further information c	oncerning this matter, please ca	all:		
BIANCA BALDWIN		904 860-1585		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 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 Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TÓ: '

Registration Section
Division of Corporations

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

엉

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOT AVIATION ENGLISH, LL	.C			19 APR	
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears ( Ciability Company)	on our records.)	70	
The Articles of Organization for this Limited L. Florida document number L15000088603  This amendment is submitted to amend the following the content of the content is submitted to amend the following the content of	iability Company		Y 13, 2015	and assigned F	
A. If amending name, enter the new name of		ility company hero	e:	ta.	
ALPHA ZULU SOLUTIONS LLC			<u>-</u>		
The new name must be distinguishable and contain the	ords "Limited Liabi	lity Company," the des	ignation "L.L.C" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		604 N PINE ST			
		NEW SMYRNA BEACH			
Trincipal office and		FLORIDA, 32169			
Enter new mailing address, if applicable:		604 N PINE ST	<u>,,</u> ,		
(Mailing address MAY BE A POST OFFICE	BOX)	NEW SMYRNA BEACH			
		FLORIDA, 32169			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered office address her	<u>·e</u> :	our records, <u>ent</u>	er the name of the ne	
New Registered Office Address:	00417111712.5		ia street address		
	NEW SMYRA				
	<del></del>	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 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.

If Changing Registered Agent, Signature of New Registered Agent

5-Apr-2019 14:09

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = /	Authorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			☐ Remove
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			Change

From Bianca Baldwin. Phone #9048601585

). If amending any other informat	ion, enter change	e(s) here: (Attac	h additional sheet	s, if necessary.)			
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not inect t	he applicable stat	filing or more than 90 utory filing requirer	(optional) days after filing ) Punents, this date will	rsuant to 605. I not be liste	.0207 (3)(t ed as the	١)
if the record specifies a delayed (b) The 90th day after the reco	l effective date, ord is filed.	, but not an ef	fective time, at	12:01 a.m. on	the earlie	<b>AP</b>	الم
Dated SEPTEMBER 28	20	18			(	70 1	
50	Sphi	·			Karto has be	5 PM	
	Signature of a memb	er or authorized rep	resentative of a mem	ber	$\frac{\omega_{2}}{m}$	5.5	ď.
BIANCA BALDWIN					T ::	<u>ဗ</u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00