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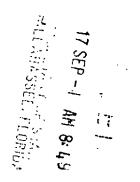
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COVER LETTER

	ation Section n of Corporations
Flig SUBJECT:	ght Training Centers of America LLC
3003BCT:	Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	Fred Perry
	Name of Person
	Pilot Training America LLC
	Firm/Company
	701 NE 10th St. Hangar 3
	Address
	Pompano Beach Florida 33060
	City/State and Zip Code
	fred.perry@learntoflycenters.com
	E-mail address: (to be used for future annual report notification)
For further inforr	nation concerning this matter, please call:
Christina Henley	
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
■ \$25.00 Filing	Fee Solutional 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

Flight Training Centers of America 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 $\frac{11/04/2015}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pilot Training America LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 701 NE 10th St. Enter new principal offices address, if applicable: Hangar 3 (Principal office address MUST BE A STREET ADDRESS) Pompano Beach, Florida 33060 701 NE 10th St. Enter new mailing address, if applicable: Hangar 3 (Mailing address MAY BE A POST OFFICE BOX) Pompano Beach, Florida 33060 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: NA Name of New Registered Agent: NA New Registered Office 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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F ffe	tive date, if other than the date of filing: NA	:::-	44	
(If an o	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filig. If the date inserted in this block does not meet the applicable statutory filing requirements, this dament's effective date on the Department of State's records.	ng.) Purs		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n e 90th day after the record is filed.	n. on t	he ea	rlier of:
Date	19/1/2017			
	Signature of a member or authorized representative of a member			
	A compliance of the promise for facility and appropriate and a composition of a manifest			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00