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(Re	questor's Name)	
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COVER LETTER

TO:		istration Sec sion of Còrp				
oun in		North Star F	light Academy LLC			
SUBJE	CT:		Name of Lim	ited Liability Company		
The end	clos e d	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please 1	return	all correspon	dence concerning this matter	to the following:		
			Jenine Seeber			
				Name of Person		
			North Star Flight Academy	- LLC		
				Firm/Company		
3000 NW 59th Street						
		Address				
			Fort Lauderdale, FL 33309		<u>,</u>	
				City/State and Zip Code	— ASIC	2167-77* 48 1
			northstarflightacademy@gn	nail.com to be used for future annual report notification)	AET AET	
5		•		•	1-5 AA'I	
For furt	her in	tormation coi	ncerning this matter, please ca	ili:	שב ש	[T]
Jenine 1	Seebe	r		772 485-9641 at ()		U
		Name of	Person	Area Code Daytime Telephone Nur		
Enclose	ed is a	check for the	following amount:			
\$25	5.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ificate of Status & fied Copy ional 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

North Star Flight Academy 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 Jan 12, 2016	and assigned
Florida document number L16000008710	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability 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)	
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 no
registered agent and/or the new registered office address here:	IOIG FEB
Name of New Registered Agent:	(γ) ⊅ (γ) 1
New Registered Office Address:	
Enter Florida street address	
Ma.	rida 🚟 🙃

New Registered Agent's Signature, it 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

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>	Address	Type of Action
MGR	Jenine Seeber	3000 NW 59th Street, Fort Lauderdale, FL 3	33309 ■ Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be it: If the date inserted in this block does not meet the sument's effective date on the Department of State's re	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to applicable statutory filing requirements, this date will not be cords.	605.02 listed
record specifies a delayed effective date, but he 90th day after the record is filed.	it not an effective time, at 12:01 a.m. on the ea	ırlier
ed February 2 , 2016		
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Filing Fee: \$25.00