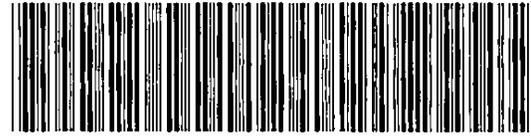


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# HUCK BOUMA<sup>PC</sup>

1755 South Naperville Road, Suite 200 Wheaton, Illinois 60189  
p: (630) 221-1755 f: (630) 221-1756  
www.huckbouma.com

David D. O'Sullivan  
Attorney at Law  
direct: (630) 344-1115  
dosullivan@huckbouma.com

July 5, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

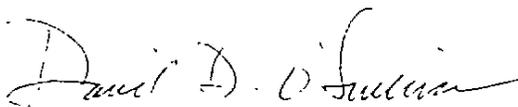
**Re: Articles of Amendment to Articles of incorporation (Name Change)  
AeroMod International, LLC  
Our File No. 15791-4**

Dear Sir or Madam:

Enclosed with this letter is the Cover Letter, Articles of Amendment to Articles of Organization and a check made payable to the Florida Secretary of State in the amount of \$25.00 to cover all fees.

Please process the enclosed at your earliest convenience. If you have any questions whatsoever, please contact the undersigned immediately.

Very truly yours,  
**HUCK BOUMA PC**



By: \_\_\_\_\_

David D. O'Sullivan

/mla

Enclosures

15791-4AeroMod - General\FL SOS Ltr 7.5.17 with Art of Amendment (name change).docx

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AEROMOD INTERNATIONAL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID D. O'SULLIVAN

\_\_\_\_\_  
Name of Person

HUCK BOUMA PC

\_\_\_\_\_  
Firm/Company

1755 S. NAPERVILLE ROAD #200

\_\_\_\_\_  
Address

WHEATON, IL 60189

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David D. O'Sullivan

630 221-1755

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**  
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**

AEROMOD INTERNATIONAL, 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 04/01/2016 and assigned Florida document number L16000061484.

This amendment is submitted to amend the following:

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

RMD TRANSITION, LLC

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)

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TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE

**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*

\_\_\_\_\_, Florida \_\_\_\_\_

*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

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>	<u>Type of Action</u>
Manager	Robert Abbinante	542 N. Elsworth Addison IL 60101	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Michael Romano	360 Palos Rd. Glencoe IL, 60022	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE CLERK  
 JEFFREY J. WILSON

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 3, 2017

Signature of a member or authorized representative of a member

Robert Abbington
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA