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## **COVER LETTER**

TO: Registration S Division of Co		•	
251CE, L	LC		
Sebile1.	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	_	
	Norman Hinton		<b></b> <u></u> <u></u>
		Name of Person	16 JUH -9
		Firm/Company	
	12510 Metro Parkway		#I 6:31
		Address	<u>~~~</u>
	Fort Myers, Florida 33912	2	
		City/State and Zip Code	
	jeff@airstationav.com		
	E-mail address:	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Norman Hinton		239 425-3595 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

251CE, LLC		
( <u>Name of the Lim</u>	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>ears on our records.)</u> y)
The Articles of Organization for this Limited I		May 26, 2016 and assigned
his amendment is submitted to amend the fol	llowing:	i i i se
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the c	cable:	te designation "LLC" or the abbreviation "LLC"
<u>Principal office address MUST BE A STRE</u>		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE		
s. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the ne
Name of New Registered Agent:	Samuel J. Hagan, IV, Esq.	
New Registered Office Address:	1415 Hendry Street	
		Florida street address
	Fort Myers	, Florida 33901
	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

<b>Title</b>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Hinton	12510 Metro Parkway	□ Add
		Fort Myers, Florida 33912	Remove
			□ Change
			□ Remove, □ Change
			□ Add Remove
			□ Change
		□ Remove	
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

ffective date, if other than the date of filing:  (optional) 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 605.020 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at occument's effective date on the Department of State's records.  The 90th day after the record is filed.	_		
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The 90th day after the record is filed.	cumen	's effective date on the Department of State's records.	
The 90th day after the record is filed.			
ated Dane le , 2016.			er oi
ated June 1.			
	ated	June 16. 2016.	
Signature of a member or authorized representative of a member			

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Typed or printed name of signee

Filing Fee: \$25.00