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17 FEB 13 PM 1: 25

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Destin Aviation LC 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:
Name of Person
Destin Aviation LC Firm/Company
4482 Stonebridge rd Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (770) 40S - 4760 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$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**

Destin A	Led Liability Comb	pany as it now Liability Com	appears on ou	ır records.)		,
The Articles of Organization for this Limited L	iability Compan	·	~ 1	130120	and a	ssigned
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited lia	bility compa	ny here:			
The new name must be distinguishable and contain the v	vords "Limited Lial	oility Company,	" the designat	ion "LLC" or th	e abbreviation "	L.L.C."
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	TADDRESS)) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
		 			<u> </u>	発達
					ယ	
Enter new mailing address, if applicable:					3	±5 <u>0</u>
(Mailing address MAY BE A POST OFFICE	BOX)		•			A STA
		-	•		2,5	
B. If amending the registered agent and registered agent and/or the new registered o			ss on our	records, <u>en</u>	ter the nam	e of the n
Name of New Registered Agent:	JUFF	HINKHE	<u>.</u>			
New Registered Office Address:	4483	Stoner	ondae er Floridd sir	eet address		
	destin	City	 	, Florida	3asy Zip Cod	/ <u>/</u> /e
New Registered Agent's Signature, if changing l	Registered Agen	<u>t:</u>				

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 or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and address of each</u>	person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeff Hinkle	4482 stonebridge rd destin	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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ote: If the date i	other than the date of listed, the date must be specinserted in this block does ive date on the Department.	s not meet the applica	to date of filing or mon able statutory filing	(optional) than 90 days after filing equirements, this date) ;) Pursuant to 6 will not be li	605.020 isted as
	ifies a delayed effec after the record is		an effective tin	ne, at 12:01 a.m.	on the ear	rlier o
ted FUDY	uary 10	4,2017			17	
	Signatu	e of a mamber or author	rized representative of	`a member	- E	. ५५ युक्त अक्र
	lexx Hinly	e. \			13	TAR
		Typed or printe	d name of signee		PH	18 OF
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Filing Fee: \$25.00