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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Con								
÷		ISTA AIRCRAFT, LLC							
SUBJE	U1;	Name of Lim	ited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	eturn all correspo	ondence concerning this matter	to the following:						
		LESLIE DICKENS							
			Name of Person						
		BUENA VISTA AIRCRA	FT, LLC						
Firm/Company									
		9000 PANAMA CITY BE	ACH PKWY						
			Address						
		PANAMA CITY BEACH	, FL 32407						
			City/State and Zip Code						
		FARIBABYHARDT64@Y							
			to be used for future annual report notific	anon)					
For furth	ner information c	oncerning this matter, please c	all:						
FARIBA	A BYHARDT		850 276-4507 at ()						
	Name o	f Person	Area Code Daytime	Telephone Number					
Enclose	d is a check for t	he following amount:							
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUENA VISTA AIRCARFT, LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our rec Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
lorida document number L17000037527	en e	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
UENA VISTA AIRCRAFT SALES/LEASING, LLC		
e new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
ater new principal offices address, if applicable:	N/A	
rincipal office address MUST BE A STREET ADDRI	<u> </u>	
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		i ii i
ter new mailing address, if applicable:	THE SAME	The state of the s
ailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		: 07
		1.
If amending the registered agent and/or registered agent and/or the new registered office addresses.		rds, enter the name of the ne
Name of New Registered Agent: SAME		·
New Registered Office Address:		
	Enter Florida street add	iress
		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>	Address	Type of Action
N/A			
			☐ Remove
			☐ Change
			☐ Add
			Add
			☐ Remove
			☐ Change
		J	☐ Remove
			☐ Change
<u> </u>			Add
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f an effective	i te, if other thar date is listed, the dat	e must be spec	cific and car	nnot be p	rior to da	of filing	or more th	an 90 days a	ptional) ifter filing.) l	Pursuant to 6	05.0207
Note: If the	date inserted in the effective date on t	nis block doe	es not mee	t the app	plicable	tatutory	filing req	uirements,	this date w	rill not be li	sted as
Jocument S	effective date on t	пе Берагино	ent of State	e s reco	ras.						
	:6::										
The 90th	specifies a del I day after the	ayed erred record is	tive dat filed.	e, Dut	not an	errectiv	ve time	at 12:0	1 a.m. o	n the ear	lier of
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_		Signatu	re of a men	nber or a	uthorized	represent	ative of a r	nember			
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Filing Fee: \$25.00