117000113555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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17 JUN 26 PH 2: 57 DIVISION OF CORPORATIONS

SHOMINIL!



June 7, 2017

WILLIAM DEMAREST 11738 DELWICK DR WINDERMERE, FL 34761

SUBJECT: AIRLINERS INTERNATIONAL 2018 DCA LLC

Ref. Number: L17000113535

We have received your document for AIRLINERS INTERNATIONAL 2018 DCA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PARTNERSHIP, but your entity is a LIMITED LIABILITY CO. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 117A00011516



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: ATRL	NERS INTERI Name of Limi	NATIONAL 2018 7 ited Liability Company	DCA LLC
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter (to the following:	
	WILLIAN	M. DEMARES	5
		Name of Person	
		Firm/Company	
	11738 DEL	WICK DRIVE	
		Address	· · · ·
	WINDERMI	ERE, FL 34786 City/State and Zip Code	,
	1 21 6 . 5 5 . 6 6	City/State and Zip Code	
	WUKLUAIRS (OCIETT & AOL. Co	M (milion)
For further information con	cerning this matter, please ca		Carony
WILLIAM M.	DEMAREST	at (<u>407</u>) <u>496 -</u> Area Code Daytime	9668
Name of P	erson	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 Fallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AIRLINERS INTERNATIONAL 2018 DCA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

79		<u>5</u> 15	412017	
The Articles of Organization for this Limited Liab	ility Company w につご	ere filed on	1/2011	and assigned
Florida document number <u>L15000113</u>	<u>533</u> .			
This amendment is submitted to amend the follow	ing:			º -
A. If amending name, enter the new name of the	ne limited liabilit	v company here		1 7 7
NIA		<u> </u>		FILL TJUN 26
The new name must be distinguishable and contain the word. Enter new principal offices address, if applicab	ls "Limited Liability	Company," the designa	tion "LLC" or the ab	obressition "L.L.C."
Enter now reinsingly offices address of applicable	1			Dia P
				<u> </u>
(Principal office address MUST BE A STREET.	<u> 4DDRESS)</u>			- SH3
	-			(P
Enter new mailing address, if applicable:	-	 ,,		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
	-		**	
B. If amending the registered agent and/or	registered offic	e address on our	recards enter	the name of the nou
registered agent and/or the new registered offic	<u>e address here</u> :	e dodress on our	records, enter	the name of the new
	10			
Name of New Registered Agent:	Alu	 -	-	
New Registered Office Address:				
		Enter Florida str	cet address	
			, Florida	
		Cuy	, Florida	Zıp Code
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this change.	and complete perced agent as pro- istered office ac	rformance of my d wided for in Chapt	uties, and I am f er 605. F.S. Or,	amiliar with and if this document is
The state of the s				

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STEPHEN MCININICH	1813 LOCUST SHADE CT	
	MCTNTHTCH	CHARLOTTESVILLE, VA 22911	□ Remove
			□ Change
			□ Add
			□ Remove
			C Change
			□ Add ♀ <u></u>
			Regive T
			DIVISION OF CHORT CHANGE
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		57	
Note:	tive date, if other than the date of filing: 6212017 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	0207 (3 หุน d as the	၁)
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	r of:	
Dated	June 21, 2017		
	Wu M Demaneyo		
	Signature of a member or authorized representative of a member [NILLIAM M. DENACEST]		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00