

47000139601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

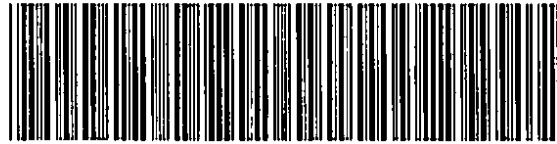
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STS R AND M 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:

Michael C. Sommers

Name of Person

Firm/Company

1093 Wisteria Drive

Address

Minden, NV 89423

City/State and Zip Code

mike.sommers@stsaviationgroup.com

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

For further information concerning this matter, please call:

Michael C. Sommers

800

800-2400 x 8834

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**

STSR AND M 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 06/27/2017 and assigned
Florida document number L17000139601.

This amendment is submitted to amend the following:

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

Cannon Aviation Modification and Repair LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1093 Wisteria Drive

Minden, NV 89423

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1093 Wisteria Drive

Minden, NV 89423

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida 33324

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.

Chantalle Rufen-Blanchette

If Changing Registered Agent, Signature of New Registered Agent

Chantalle Rufen-Blanchette, Assistant Secretary

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> |
|--------------|--------------------|----------------------------|--|
| MGR | Philip Anson, Jr. | 2000 NE Jensen Beach Blvd. | <input type="checkbox"/> Add |
| | | Jensen Beach, FL 34957 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Robert Greene | 2000 NE Jensen Beach Blvd. | <input type="checkbox"/> Add |
| | | Jensen Beach, FL 34957 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Philip Anson, Sr. | 2000 NE Jensen Beach Blvd. | <input type="checkbox"/> Add |
| | | Jensen Beach, FL 34957 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Davis Sonny Cannon | 8915 Excelsior Road | <input type="checkbox"/> Add |
| | | New Haven, MO 63068 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| P | Mark Smith | 1093 Wisteria Drive | <input type="checkbox"/> Add |
| | | Minden, NV 89423 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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> |
|--------------|--------------------|---------------------|---------------------------------|
| CFO | Michael C. Sommers | 1093 Wisteria Drive | <input type="checkbox"/> Add |
| | | Minden, NV 89423 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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18 JAN - 9 AM 10:36
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

FILED
18 JAN -9 AM 10:36
FBI - BOSTON
TALMADGE, MORRIS

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 January 8, 2018

Page 1

Signature of a member or authorized representative of a member

Philip Anson, Jr.

Typed or printed name of signee