10/20/2017

Division of Curporations



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anı	Division of Corporations Fax Number : (852)617-6383 Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 the email address for this busines nual report mailings. Enter only o	ss entity t	to be used ddress ple	for future ase.	2017 GET 20 PM 3: 87
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	vision of Con			
SUBJECT	: Dillo	n Aviation, LLC		<u>. </u>
		Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mined for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		Mary Comazzi		
			Name of Person	· ·
		Bodman PLC		
			Firm/Company	
		201 South Division Stre	ct, Suite 400	
			Address	
		Ann Arbor, MI 48104		
			City/State and Zip Code	
		mcomazzi@bodmanlaw		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information o	oncerning this matter, please of	all:	
Mary C	Comazzi		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
₩ S25.00	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

Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Dillon Aviation, LLC		
The Articles of Organization for this Limited Liability Company were filed on September 29, 2017 and assigned Florida document number L17000202560 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and centain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 2000 Brush Street, Suite 440 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 2000 Brush Street, Suite 440 Company the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 2000 Brush Street, Suite 440 Company the designation "LLC." or the abbreviation "LLC." Enter new mailing address MUST BE A STREET ADDRESS) Detroit, MI 48226 Company the designation "LLC." Company the designation "LLC." or the abbreviation "LLC." Company the designation "LLC." or the abbreviation "LLC." Company the designation "LLC." Company the designation "LLC." or the abbreviation "LLC." Company the designation "LLC." Company the d	(Name of the Limited L	as it now appears on our records.) bility Company)	
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New Registered Office Address: Enter Florida street address Florida City Zip Code			•
Fruer Florida street address Florida City Zip Code	Name of New Registered Agent:		
Fruer Florida street address Florida City Zip Code	Name Unicipality and Office Address		
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New Registered Agent's Signature, if changing Registered Agent:		City - City	Zip Code
	New Registered Agent's Signature of 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>	Name	Address	Type of Action
AMBR	Peter Morse	2000 Brush Street, Suite 440	🗆 Add
		Detroit, MI 48226	□ Remove
			D Change
		man a san a sa	□ Remove
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(If an effective Note: If the document)	date, if other than the date of filing:	O AN
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The 90	Detaber 20 th 2017	
The 90	Signature of Suther Lead representative of a member	ts
The 90	1 Marating	
) The 90	Signature description of authorized representative of a member Mary Comazzi, Authorized Representative	