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FILED SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

MAR 2 4 2008

EXAMINER

COVER LETTER

TC: Registration Section Division of Corporations
SUBJECT: WITham Revo Club, t.C. (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:
Marchal L. Wilcox (Name of Person)
WiTham Aero Club LLC (Firm/Company)
P. O. Box 371 (Address)
STUANT, FL 34996 (City/State and Zip Code)
For further information concerning this matter, please call:
Marshal L. Wilcox at (772 286-8827 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

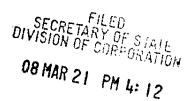
MAILING ADDRESS:

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



Witham Hero Club, LC
(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 9/22 1997 and assigned
Florida document number 47 94 96 105.7
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.L.C."
3. 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: Marshall.Wilcox
New Registered Office Address: 95 S. River Rd (Enter Florida street address)
STuant, Florida 34996 (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 608, 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)

	lanaging Member	Address	True of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u> m	MARSHAL L. WILLOX	95 S. River Rd STUDET, FL 34996	Add Remove
Merm	CYRUS Missling	4 Mindoro ST STUDYT, FL 34996	Add Remove
ngam- T <u>ebb.</u>	Brian G. Flynn	1370 SW-This ST Palm City, FL 34990	Add Remove
n <u>G R m</u>	Robert Blackfore	L 1078 SE CRESTWOOD City Stubert, FL 34997	Add Remove
m <u>grm</u> :	John Langhorne, J	R. 162 BE CRESTOWN CINCLE STUBET, FL 34997	■ Add → Kemove
		·	Add Remove
D. If amend	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
m	Ailing Address:	PO Box 371	
	, l	STUDIT, FL 34995	_
<u></u>			- - ,
Dated Ma	Manhold Will	8 Jan	_
	Signature of a member of MARSHALL. WILCOX	rauthorized representative of a member	
	MARSHAIL WILCOX	ravinted name of signee	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Page 2 of 2

Filing Fee: \$25.00