L9900005439

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SECRETARY OF STATE
TALLANASSEE, FLORIDA

COVER LETTER

Division of Co	orporations				
SUBJECT:	AIRCRAFT I	PROPERTIES LLC			
	Name of Limit	ed Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Law	rence A. Silvestri, Esq.			
		Name of Person			
	The Goodman Company				
Firm/Company					
	777 S. Flagler Drive Suite 1101E				
	Address				
	Wes	t Palm Beach, FL 33401			
	City/State and Zip Code				
	Isilvestri@thegoodmancompany.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please co		,		
Lawr	ence A. Silvestri	at (561) 833-37	77 ext. 4017		
Name of Person Area Code & Daytime Telephone Number		elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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Registration Section

TO:

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

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AIRCRAFT PROPERTIES 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 Liab	ility Company were filed on	8/31/1999	and assigned
Florida document numberL99000054	39		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
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 agent and/or the new registered offic		our records, enter t	the name of the nev
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Ei	nter Florida street add	ress
		, 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 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

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:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> **Address** <u>Name</u> CGT G-IV AIRCRAFT, LLC MGR 777 S. Flagler Drive, Suite 1101E ✓ Add West Palm Beach, FL 33401 Remove Goodman Properties, Inc. MGR 777 S. Flagler Drive, Suite 1101E ☐ Add West Palm Beach, FL 33401 _ Add Remove ☐ Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, December 28 2011 Dated_ awrence Signature of a member or authorized representative of a member Lawrence A. Silvestri Typed or printed name of signee

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Filing Fee: \$25.00