U15000177781

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
(Document Number)
Continued Contin
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
AMBK ADDRESS NOT Complete USed company ADDRESS KS
aska company HODRESS
, KS
].

Office Use Only



000287668710

07/12/16--01002--006 **25.00

FILED 2016 JUL 11 PH 12: 42 SLCRETARY OF STATE SALLAHASSEE, FLORIDA

K.SALY EXAMINER JUL 12

COVER LETTER

TO: Registration S Division of Co			
Airis USA	A LLC		
SUBJECT:	Name of Lin	nited Liability Company	····
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Gail Fornell		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Airis USA LLC		
		Firm/Company	
	7691 SW Ellipse Way		
•		Address	
	Stuart, Florida 34997		
		City/State and Zip Code	
	accounting@airisled.us		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Gail Fornell		561 537-9014	
Name	of Person	at (at 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 ARTICLES OF ORGANIZATION **OF**

FILED
2016 JUL 11 PM 12: 42
ALLAHASSEE, FI ORIOR

Airis USA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(ATTORIC	a Linned Liability Company)	LORION
The Articles of Organization for this Limited Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for the Liability Organization for this Liability Organization for the Liabilit	Company were filed on October 12, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	-	enter the name of the ne
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
		Zip Code
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent		

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

Title	<u>Name</u>	Address	Type of Action
AMBR	José Fornell	520 Brickell Key Dr, 1810, Miami,	Add
			☐ Remove
			☐ Change
	and the first of the second se	···	Add
			Remove
		 	Add T
	-		SSET Remeve
			Thanks
			Add
			Remove
			□ Change
			Remove
		Marine Marine and Annual Provider and Annual P	Change
			
			□ Remove
			□ Change

•	ř.		.
		* * * * * * * * * * * * * * * * * * * *	
	<u></u>		
			-2
			TALL AHAS
			- P. D.
****			PH D: 42
			E. C. L. S.
			**

		······································	
<u>te:</u> If the date inserted in thi	the date of filing: must be specific and cannot be prior to dat s block does not meet the applicable s e Department of State's records.	e of filing or more than 90 da statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 ets, this date will not be listed as the state of the state
record specifies a dela The 90th day after the	yed effective date, but not an ecord is filed.	effective time, at 12	:01 a.m. on the earlier of:
	, 2016		
ed July 6	, <u></u> .		
	,		
Tomv Tomv	Signature of a member or authorized	representative of a member	

Page 3 of 3

Filing Fee: \$25.00