

8/3/2021

Division of Corporations

(((H21000294266 3)))

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ISAMAR TORRES  
Account Number : I20200000137  
Phone : (786)660-0108  
Fax Number : (786)364-1047

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@yourdreamms.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AIR MASTERS HOMESTEAD LLC

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TALLAHASSEE, FLORIDA

174

**COVER LETTER**

TO: Registration Section  
Division of Corporations

((H21000294266 3)))

SUBJECT: AIR MASTERS HOMESTEAD 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:

RAFAEL SANTAMARIA

\_\_\_\_\_  
Name of Person

*Rafael Santamaria*

\_\_\_\_\_  
Firm/Company

1974 SE 23RD ST

\_\_\_\_\_  
Address

HOMESTEAD, FLORIDA 33035

\_\_\_\_\_  
City/State and Zip Code

RAFAS2006@HOTMAIL.COM

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

For further information concerning this matter, please call:

ADRIANA SANTAMARIA

786 2277381  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000294266 3)))

AIR MASTERS HOMESTEAD 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 10/14/2020 and assigned  
Florida document number L20000314957.

This amendment is submitted to amend the following:

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

AIR MASTERS OF HOMESTEAD LLC

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

Enter new principal offices address, if applicable:

1974 SE 23RD ST

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FLORIDA 33035

Enter new mailing address, if applicable:

1974 SE 23RD ST

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FLORIDA 33035

**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:

RAFAEL SANTAMARIA

New Registered Office Address:

1974 SE 23RD ST

Enter Florida street address

HOMESTEAD

City

Florida

33035

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.*

*Rafael Santamaria*

If Changing Registered Agent, Signature of New Registered Agent

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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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIANA SANTAMARIA	1974 SE 23 CT	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (specify)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 AUGUST 03, 2021

Rafael Santamaria

Signature of a member or authorized representative of a member

RAFAEL SANTAMARIA

Typed or printed name of signee

((1121000294266 3)))

**Filing Fee: \$25.00**