## 105000049531

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## COVER LETTER

TO:	Registration Sec Division of Corp		+	
SUBJI		SYSTEMS LLC		
		Name of Limi	ted Liability Company	1
The en	closed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspor	idence concerning this matter t	to the following:	
		BRENDA CHAMBERS		
			Name of Person	
		CHAMBERS & ASSOCIA	TES	
			Firm/Company	
		603 N, FERDON BLVD.		
			Address	
		CRESTVIEW, FL 32536		
			City/State and Zip Code	
		BRENDA@CA-CRESTVIE		
		E-mail address: (t	o be used for future annual report notific	ration)
For fur	ther information co	ncerning this matter, please ca	II:	
BREN	DA CHAMBERS		850 398-8088 at ()	
	Name of	Person	at () Area Code Daytime	Felephone Number
Enclos	ed is a check for the	e following amount:		
<b>₽</b> \$2	5.00 Filing Fee	Coertificate 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

XPERT AIR SYSTEMS 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 05/18/2	2005 and assigned		
Florida document number L05000049531	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
nter new mailing address, if applicable:  Auiling address MAY BE A POST OFFICE BOX)	-7-			
		De .		
Enter new mailing address, if applicable:		~3		
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9 1, 0		r records, enter the name of the new		
New Registered Office Address:	r . ri ·i			
	Enter r torida s	Enter Florida street address		
	City	, Florida Zgp Code		
	•	λη Code		
New Registered Agent's Signature, if changing Register	<del>-</del>			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my agent as provided for in Chap ed office address, I hereby c	duties, and I am familiar with and oter 605, F.S. Or, if tals document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of cach person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	JOSELUZ P. PACHECO	111 STEPHENS LANE	🗀 Add
		CRESTVIEW, FL 32539	_ ■ Remove
			□ Change
MBR	MAX D. MOORE	111 STEPHENS LANE	<b>=</b> Acd
		CRESTVIEW, FL 32539	
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Filing Fee: \$25.00