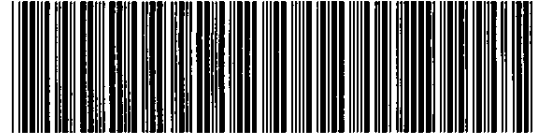


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 26 2011

EXAMINER

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Managing Member(s) Changes/updates
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:

Christine NISA Mulrooney
Name of Person

NISAIR Showcase, LLC
Firm/Company

3700 SO US Highway One
Address

Fort Pierce FL 34982
City/State and Zip Code

Christine.Mulrooney@Nisair.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine NISA Mulrooney at (772) 466-8115 Ext 209
Name of Person Area Code & Daytime Telephone Number
Registered Agent

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

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NisAir Showcase L.L.C.

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

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8-22-05 and assigned Florida document number LO5000082538

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

N/A
N/A
N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A
N/A
N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A, Florida N/A
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.

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Philip Nisa, Jr.	3700 South US HWY 1 Fort Pierce, FL 34982	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Update
MGRM	Christine Nisa Mulrooney	3700 South US HWY 1 Fort Pierce, FL 34982	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Update
MGRM	Philip Nisa, Sr.	3700 South US HWY 1 Fort Pierce, FL 34982	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Update
MGRM	Patricia Nisa	3700 South US HWY 1 Fort Pierce, FL 34982	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Update
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/a
N/a
N/a
N/a
N/a

Dated 5-17-11

x Christine Nisa Mulrooney
Signature of a member or authorized representative of a member
Christine NISA-Mulrooney Reg. Agent
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 25 PM 5:19

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