(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VOLTAIR CONSULTING ENGINEERS, 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:
Julius D. DAVIS (Name of Person)
VOLTAIR CONSULTING ENGINEERS, LLCASS (Firm/Company)
10011 CYPRESS SHADOW AVE (Address) TAMPA, FLORIDA, 33647 TAMPA, FLORIDA, 33647
(Firm/Company) IDOI1 CYPRESS SHADOW AVE (Address) TAMPA, FLORIDA, 33647 (City/State and Zip Code) TOUR SECRETARY OF STATE OF
For further information concerning this matter, please call:
JULIUS D. DAVIS at (813) 991-0037 (Name of Person) (Area Code & Daytime Telephone Number)

\$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VOLTAIR CONSULTING ENGINEERS, LLC
	(Present Name) (A Florida Limited Liability Company)
•	
FIRST:	The Articles of Organization were filed on $03/08/2006$ and assigned document number 40600025138
SECOND:	This amendment is submitted to amend the following:
	REMOVE NAME AND ADDRESS OF MANAGER
	MEMBER:
	STEPHEN MILLER
	500 N. WESTSHORE BLVD, STEE #\$25
	TAMPA, FL. 33609 PM &
	ADD THE FOLLOWING HAMES AND ADDRESSES
	AS MANAGING MEMBERS:
	JULIUS D. DAVIS JORGE L. REERA
	10011 CYPRESS SHADOW AVE 208 63PD AVE. SOUTH
	TAMPA, FL. 33647 ST. PETERSBURG, FL.33705
Dated A	ugust 11, 2006.
	Muaille
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00