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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

AIRPLIANCE, 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:

ROBBIE N EMRICH

Name of Person

AIRPLIANCE, LLC

Firm/Company

**602 BURNS LANE** 

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

ROB@AIRPLIANCE.COM

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

For further information concerning this matter, please call:

**ROB EMRICH** 

863 969-9021

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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linkility C	ampany as it now appears on our recove	In )
(A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>15.</u> )
The Articles of Organization for this Limited Liability Com Florida document number L06000037819	npany were filed on APRIL 11, 20	06 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	<b>E</b> 8 7
		8
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		DE 2
		<b>過に</b> の
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	e el	
	Enter Florida stre	ei aaaress
	, Flori	
	City	Zip Code
Many Desistanted Assert's Cignotines if shonging Desistanted A	Agants	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KIM EDWARD YATES	1421 4TH STREET	Add
		ST CLOUD, FL 34769	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			A Conference Remove
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			Remove
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If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b				
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If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)  Dated JANUARY 3				<del></del>
Dated JANUARY 3 , 2014 .				
			_	filing.) (605.0207 (3)(b
	$_{ m Dated}$ JANUARY	7 3	4 <sub>.</sub>	
Signature of a member or authorized representative of a member				
Signature of a member or authorized representative of a member			_	
Robbie N. Emrich Managing Member Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

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