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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STAVROS TINGIRIDES, P.A.

Account Number : I20050000180

: (727)442~5700 : (727)442-5757

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

s.herrig@ PESPEO.com

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MAY 25 2010

EXAMINE

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Help

May: 24. 2010 11:48AM

STAYROS TINGIRIDES, PA

H10000122728 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIR HERI	RIG, LLC					
(Name of the Limited Liability Comps (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)				
The Articles of Organization for this Limited Liability Company Florida document numberL06000048244	were filed on May 10, 2	2006 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here: AIR LOOM BAYS, LLC						
						The new name must be distinguishable and end with the words "Limi"L.L.C."
Enter new principal offices address, if applicable:	1244 Clyde Jones Road					
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34243	TS TO TO THE PROPERTY OF THE P				
Enter new mailing address, if applicable:	1244 Clyde Jones Road	W 21 NASS				
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34243	mo -				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	21 -1					
	Enter Florida str	eet aaaress				
	City, Flor	rida Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	,-	тр Соме				

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

MGR = Manager

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:

Title	Name	<u>Address</u>	Type of Action
MGRM	Steve F. Herrig	1244 Clyde Jones Road Sarasota, FL 34243 (updated address)	Add Remove
			Add Remove
			Add Remove
			S S S S S S S S S S S S S S S S S S S
<u> </u>			ARY 24
			27 DAdd
D. If amendi	ing any other information, en	nter change(s) here: (Attach additional sheets, if necess	sary.)
D. If amendi 	ing any other information, en	nter change(s) here: (Attach additional sheets, if necess	sary.)
D. If amendi		nter change(s) here: (Attach additional sheets, if necess	vary.)
D. If amendi	May 10	nter change(s) here: (Attach additional sheets, if necess	vary.)

Page 2 of 2

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