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SLGRETARY OF STATE
TALLAHASSEE, FLORID.

D. BRUCE

FEB 15 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT:		King, LLC		
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are su	_		
Please return all corresp	ondence concerning this matte	r to the following:		
		Michael W. Matheny		
		Name of Person		
		Air King, LLC		
		Firm/Company		
	3172 Starbright Court		10 F	
		Address		EB L
	Middleburg, FL 32068			
	mick	City/State and Zip Code keymatheny@yahoo.com		AHII: 31 OF STATE E. FLORRIC
	E-mail address:	(to be used for future annual report no	tification)	IATE ORIDE
For further information	concerning this matter, please	call:		A . —
	ael W. Matheny	at (_904_)	294-1145	
Name	of Person	Area Code & Dayt	ime Telephone Numbe	r
England is a shock for	the fellowing amount			
Enclosed is a check for	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$ 60.00 Fil	ling Fee.
	Certificate of Status	Certified Copy (additional copy is enclos	Certifica ed) Certified	ate of Status &
МАП	JING ADDRESS:	STREET/COU	RIER ADDRESS:	
	tration Section on of Corporations	Registration Section Division of Corporations		
	Box 6327 hassee. FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Air Kin	g, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	07/27/06	and assigned
Florida document number L06000074602 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			AS
(Principal office address MUST BE A STREET ADDRESS)			FEB TO LAND
			NASSE
Enter new mailing address, if applicable:			ूंश ≩ ।।।
(Mailing address MAY BE A POST OFFICE BOX)			08 :: 38 08 :: 38
			On &
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the new
	- '		
Name of New Registered Agent:			
New Registered Office Address:			
	Eni	ter Florida street ad	dress
	City	, Florida	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.

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 Type of Action **Title Name Address** MGR Winceslao B. Desuyo 2157 Figaro Lane ☐ Add Jacksonville, FL 32210 √ Remove Remove ☐ Add ☐ Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 213110 Signature of a member or authorized representative of a member Michael W. Matheny Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00