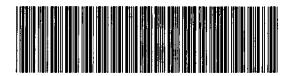
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(additional Entry Wallie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: A. LUNT				
DEC. 1 4 2010				
EXAMINER				

Office Use Only



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12/13/10--01030--023 **25.00

COVER LETTER

TO: Registration Division of C	s Section Corporations		
SUBJECT:	Ai	r Dr., LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
		Andrew G. Lye	
		Name of Person	
		Air Dr., LLC	·
		Firm/Company	201
	5036 DI	R. PHILLIPS BLVD., Ste 191	
		Address	
		ORLANDO FL 32819	2010 DEC 13 PH 12: 24 SECRETARY OF STATE FALL ANASSEE, FLORID
		City/State and Zip Code	
		theairdr@gmail.com to be used for future annual report notifica	1000)
For further information	n concerning this matter, please of	•	lion)
roi furtier information	n concerning uns matter, please o	æn:	
	Andrew G. Lye	at (407) 95	52-9696
Nam	e of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	r 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)
	ILING ADDRESS: stration Section	STREET/COURIER Registration Section	ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Air Dr., LLC				
(<u>Name of the Limited Liabit</u> (A Florid	Ity Company as it now appea a Limited Liability Company)	rs on our records.			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	06/07/2007	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company he	re:			
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Comp	any," the designation "LI	C" or the abbreviation		
Enter new principal offices address, if applicable:			F . 2		
(Principal office address MUST BE A STREET ADI	DRESS)	ŗ			
		Ĉ. Ri Pr			
Enter new mailing address, if applicable:		-i ₇ ,	¥ 1 11		
(Mailing address MAY BE A POST OFFICE BOX)		9	H N CD		
	 		₩ 2 <u>5</u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida	5. 6.1		
	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.

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>	Name	Address	Type of Action
MGRM	MOISES D. VARGAS, JR	2522 SEVEN OAKS DRIVE SAINT CLOUD FL 34772	Add Remove
MGRM	Vargas Global Holding Graup LLC	2522 SEVEN OAKS DRIVE SAINT CLOUD FL 34772	Add ☐ Remove
	·		Add Remove
			Add Remove
			S Add Repayee
D. If amand	ing any other information, enter change(s) here: (Attach additional sheets, if necessary)	□ Atter □ Remove
	ang any other information, enter change(s	y nere. (Anden dadmondi sneets, ly necessary.)	-
Dated	December 6 , 2010		-
•	Signature of a member or	authorized representative of a metaber	
	An	drew G. Lye	
•	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00