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G. MCLEOD

JUL - 2 2008

EXAMINER



600131802986

06/30/08--01006--025 **25.00

COVER LETTER

TO: Registration Sec Division of Corp	ction porations	
SUBJECT: 3-D HO	ME SERVICES LLC	
	(Name of Limited Liability Company)	
	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	DEBORAH GROTHEER	
	(Name of Person)	
	RIVERVIEW TAX INC	
	(Firm/Company)	
	7039 US HWY 301 SOUTH	
	(Address)	
	RIVERVIEW FL 33578 (City/State and Zip Code)	
	(City/Male and Zip Code)	
For further information co	oncerning this matter, please call:	
DEBORAH GROTHEEF	ut \	
(Name of	of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the	e following amount:	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is	

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



3-D HOME SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on JUNE 17, 2008	and assigned
Florida document number L08000060903	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
3-D AIR SERVICES LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:	****	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		iter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	(Enter Florida stre	et address)
	, Florid	la
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add ☐ Remove
			
			_r¶ Add
			Remove
			_
<u> </u>			Add Remove
			_
			Add
			Remove
·			Add Remove
D. If amendi	ng any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
			_
			_
			<u> </u>
			_
			_
Dated JUNE 2	4 200	08	_
Dated JUNE 2	4 , <u>200</u>	08	_
Dated JUNE 2	Q. Who Thunkl	ober or authorized representative of a member	_

Page 2 of 2

Filing Fee: \$25.00