L09000041721

(Re	equestor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer.					

Office Use Only



800156022228

09/17/09--01011--014 **25.00

2009 JUN 25 PM 4: 30
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JUN 1 8 2009

EXAMINER

COVER LETTER

Registration Section 🍇

Tallahassee, FL 32314

TO:

Division of Corporations						
SUBJECT:	AIR-PRO C	F BREVARD, LLC				
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:				
		Lawrence Edmunds				
		Name of Person				
	A	Air-Pro of Brevard, LLC				
		Firm/Company				
		4200 Lakemont Rd				
		Address				
	N	Melbourne, FL 32934				
		City/State and Zip Code				
	E-mail address: (Imundslarry@aol.com to be used for future annual rep	ort notification)			
For further information	concerning this matter, please c	·				
	rence Edmunds	at (_321)	254-0354			
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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regist	LING ADDRESS: tration Section on of Corporations	Registration	COURIER ADDRESS: Section Corporations			
P.O. Box 6327		Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301



June 18, 2009

LAWRENCE EDMUNDS AIR PRO OF BREVARD, LLC 4200 LAKEMONT RD. MELBOURNE, FL 32934

SUBJECT: AIR-PRO OF BREVARD, LLC

Ref. Number: L09000041721

We have received your document for AIR-PRO OF BREVARD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 209A00020805

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2009 JUN 25 PM 4: 30
SECRETARY OF STATE

AIR-PR	O OF BREVARD, LLC	TALLAH	SSEE, FLORIDA
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili		04/30/09	and assigned
Florida document numberL0900041721	<u> </u>		
This amendment is submitted to amend the following	a;		
A. If amending name, enter the new name of the	limited liability company here	:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicables			
(Principal office address MUST BE A STREET AL			<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re registered agent and/or the new registered office:	2	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
		· · · · · ·	
New Registered Office Address:	Ente	er Florida street ad	dress
_		, Florida	
	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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title **Name** Address LINDA WALKLEY **MGRM** 4200 LAKEMONT RD. ☐ Add Remove MELBOURNE FL 32934 JAMES R. GUTHRIË, JR. MGRM 4200 LAKEMONT RD. ✓ Add Remove MELBOURNE, FL 32934 \square Add ☐ Remove Add Remove \square Add Remove $\prod Add$ ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00