

LOG 000050783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

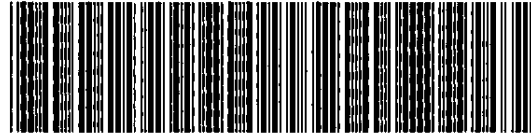
(Business Entity Name)

(Document Number)

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06/07/10--01057--008 **25.00

T. CLINE

JUN - 8 2010

EXAMINER

2010 JUN - 7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIR FORCE 1 AIR CONDITIONING + HEAT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. Aaron
Name of Person

AIR FORCE 1 AIR CONDITIONING + HEAT LLC
Firm/Company

6802 COMMERCE AVE.
Address

PORT RICHEY, FL. 34668
City/State and Zip Code

John J. Aaron @ Yahoo.com.
E-mail address: (to be used for future annual report notification)
UNDERSCORE

For further information concerning this matter, please call:

John J. Aaron at (727) 807-3749
Name of Person Area Code & Daytime Telephone Number

2010 JUN - 7 AM 9:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

AIR FORCE 1 Air Conditioning & HEAT 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 05/26/2009 and assigned
Florida document number L09000050783.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6802 COMMERCE AVE
PORT RICHEY, FL 34668
2009 MAY 26 AM 9:00
FILED
CLERK OF CIRCUIT COURT
IN AND FOR
ALACHUA COUNTY
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHN J. AARON

New Registered Office Address:

6802 COMMERCE AVE

Enter Florida street address

PORT RICHEY, Florida 34668
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

Title	Name	Address	Type of Action
MGR	DANE A. JENKINS	13404 SHUMAKER CT. SPRING HILL, FL. 34609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John J. Aaron	6802 COMMERCE AVE PORT RICHEY, FL. 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVID A. JENKINS	13404 SHUMAKER CT. SPRING HILL, FL. 34609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2010 JUN 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 06/03, 2010

Signature of a member or authorized representative of a member
John J. Aaron
Typed or printed name of signee