L0900056531

•	(Requestor's Name)			
	(Address)			
	(Address)			
•	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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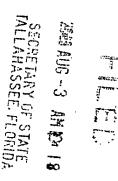
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T. CLINE

AUG - 4 2010

EXAMINER



COVER LETTER

	tration Section on of Corporations
SUBJECT: _	Positive Air Conditioning "uc" Name of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) are submitted for filing.
Please return al	Il correspondence concerning this matter to the following:
	Kevin T. CASSING Name of Terson
	Positive Air Conditioning Lic
	11300 Lind bersh Blud # 103-120 Address
	Positive Air @ Concestine! E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Keuin Enclosed is a cl	Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
\$25.00 Filin	
	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

Positive Air Conditi	oning "LK"	
(Name of the Limited Liability Comp (A Florida Limited	pany as a now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 6-10-209	and assigned
Florida document number <u>L 0900086531</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		True Et
Enter new mailing address, if applicable:	11300 Lindbergh Blud	403-120-1
(Mailing address MAY BE A POST OFFICE BOX)	FT. Myors FL	33513
		% के क
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 he		925 <u> </u>
Name of New Registered Agent:	E Accept	
New Registered Office Address:	Enter Florida street a	ddress
	. 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 or Managing Member being added or removed from our records:

į.

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
ngen	Kyle life	11300 lindbergh Blue \$105-120	Remove
MGR	PAUL CASSING	3108 SE 11th que CAPE CORC FL 33504	Remove
			Add Remove
			_□ Add
		i N	Remove
#			Z Remove C C C C C C C C C
D: If amendi	ng any other information, enter cha	ngc(s) here: (Attach additional sheets, if necessary.)	37
· · · · · · · · · · · · · · · · · · ·			_
			-
Dated	- 28-, o		_
•	Karn T. C. Signature of a men	by or authorized representative of a member sed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00