L050000 60821

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



900263329339

10/06/14--01022--018 **25.00

14 OCT -6 PM 1:40
SECRETARY OF STATE
TALL AHASSIT FINE

COVER LETTER

Division of Corp			
SUBJECT: Fresh	Aire Sanitiza	tion LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Charles Rich	hardson	
		Name of Person	
	Fresh Aire S	Sanitization LLC	
		Firm/Company	
	2787 Corbel	Loop	
		Address	
	Kissimmee,	FI. 34746	
	oriob4550@amoi	City/State and Zip Code	
	crich4559@gmai	II.COTTI to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Charles Ric	hardson	407, 30198	31
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

Fresh Aire Sanitization 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 06/23/2009 and assigned Florida document number L09000060821 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) PO Box 771703 Enter new mailing address, if applicable: Orlando, FI 32877 (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: New Registered Office Address: Enter Florida street address City 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 605, 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

amending any other information	on, enter change(s) nere: (Attach adaittonai s	sneets, if necessary.)
Effective date, if other than the dathe effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be mor	(optional) re than 90 days after
Dated October 4	2014	
	20 h	
•	ignature of a member or authorized representative of a n	nember
Charles Richar	rdson	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

14 OCT -6 PM 1:40
SECRETARY OF STATE
TALLAHASSEF FI MRID

States of the state of the stat