

L09000067495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

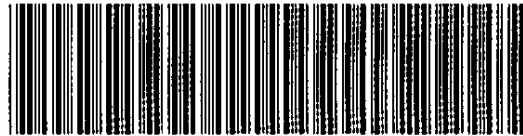
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2010 AUG -9 PM 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

AUG 10 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Air Oasis 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:

Kaleb Zeringue

Name of Person

Air Oasis LLC

Firm/Company

7375 Secret Woods Dr

Address

Jacksonville FL 32216

City/State and Zip Code

Kaleb @airoasisjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaleb Zeringue

Name of Person

at 904) 864-6312

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 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

FILED

2010 AUG -9 PM 10:58

Air Oasis LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Air Oasis LLC and assigned
Florida document number LO9000067495

This amendment is submitted to amend the following:

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

Air Oasis LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7375 Secret Wood Dr
Jax FL 32216

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:

Timothy J Flynn 791 Assisi Ln Apt 2104
Enter Florida street address

Atlantic Beach, Florida 32833
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.

[Signature]
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	Kaleb Zeringue	7375 Secret Woods Dr Jax FL 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Timothy J FLYNN	7375 Secret Woods Dr Jax FL 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Raymond M. Whitley	3719 Tully Ct Jax FL 32207	<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

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

2010 AUG -9 PM 08
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____


Signature of a member or authorized representative of a member

Kaleb Zeringue
Typed or printed name of signee