L05000118197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 27 2015
J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2015

TONETTE FIASCHI
3761 SW LACHINE ST
PORT ST LUCIE, FL 34953-3739

SUBJECT: AIR PRO SERVICES OF THE KEYS, LLC
Ref. Number: L09000118193

We have received your document for AIR PRO SERVICES OF THE KEYS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00021737

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Air Pro Services of the Keys, LLC
Name of Corporation

DOCUMENT NUMBER: L09000118193

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tonette M. Fiaschi
Name of Contact Person

Air Pro Services of the Keys, LLC
Firm/Company

3761 SW Lachine Street
Address

Port St. Lucie, FL 34953-3739
City/State and Zip Code

tonette@airproserviceskeys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonette M. Fiaschi at (561) 373-6450
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AIR PRO SERVICES OF THE KEYS, 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 12/14/2009 and assigned Florida document number L09000118193

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

3761 SW LACHINE STREET
PORT ST. LUCIE, FL 34953-3739

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3761 SW LACHINE STREET
PORT ST. LUCIE, FL 34953-3739

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: N/A

New Registered Office Address: 3761 SW LACHINE STREET
Enter Florida street address

PORT ST. LUCIE, Florida 34953-3739
City *Zip Code*

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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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	ROBERT J. FIASCHI	3761 SW LACHINE STREET	☐ Add
		PORT ST. LUCIE, FL 34953-3739	☐ Remove
			☒ Change
MGRM	TONETTE M. FIASCHI	3761 SW LACHINE STREET	☐ Add
		PORT ST. LUCIE, FL 34953-3739	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

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15 OCT 26 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated OCTOBER 27, 2015.

Tonette M. Fiaschi
Signature of a member or authorized representative of a member

TONETTE M. FIASCHI
Typed or printed name of signee

Filing Fee: $25.00