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FILED
2013 JAN -2 PM 1: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN - 4

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Air Source 1 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:

Robert Dumont
_____
Name of Person

Air Source 1 LLC
_____
Firm/Company

226 SW Moselle Ave
_____
Address

Port St Lucie, FL 34984
_____
City/State and Zip Code

airsource1llc@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Dumont
_____
Name of Person

at (**772**) **626-7604**
_____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ❏$30.00 Filing Fee &   ❏$55.00 Filing Fee &   ❏$60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   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 Source 1 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 01/05/2010 and assigned

Florida document number L10000001231 .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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)

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **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, <u>Signature of New Registered Agent</u>

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> <u>or Managing Member being added or removed from our records:</u>

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Heidi Knox	585 NW Mercantile Place #103 Port St Lucie, FL 34986	☑ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TALLAHASSEE, FLORIDA

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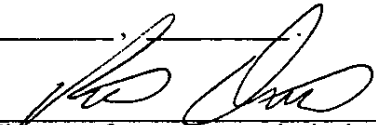
_____

_____

_____

_____

_____

Dated 11/15/2012 _____

_____
Signature of a member or authorized representative of a member

Robert Dumont
_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00