## 110000034203

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



400304776124

10/24/17--01001--006 \*\*30.00

54:8 48 88130 LA

Office Use Only

## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The er	enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	MISTY HUIKER Name of Person	
	Mishe art Heat Firm/Company	 
	PO BOX 3910 SY Address	ı
	Del tona FL 32739  City/State and Zip Code	
	E-mail address: (to be used for future-annual report notification)	
For fu	urther information concerning this matter, please call:	
	Wisky Hulker at (407) 322-5559  Name of Person Area Code Daytime Telephone Number	
Enclos	osed is a check for the following amount:	
□ \$2	25.00 Filing Fee Solution Status Solution Status Solution Status Solution S	f Status &

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**

Mistic	Air & He	at L	_C .		<del></del>
( <u>Name of the Lim</u>	(A Florida Limited)	iny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on _	Aprily 21	017	_ and assigned
Florida document number <u>L10000034</u>	<u>203</u>		,		
Aailing address MAY BE A POST OFFICE BOX)  CO  4					
A. If amending name, enter the new name	of the limited liab	ility company h	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" o	r the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:				<u> </u>
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
					<del>7</del> .
Enter new mailing address, if applicable:		<del></del>			
(Mailing address MAY BE A POST OFFICE	E BOX)			···	25
				r* ∴	ċò
			n our records,	enter th	e name of the new
Together a agent and of the new registered	Affect addition for	<b>-</b> '			
Name of New Registered Agent:	DONGW	Hurrer			
New Registered Office Address:	835 G. F	Prench av Enter Flo	Loulrida street address		
	Ocana	Cik	Flori	da	327103
	unae	Cia	, i torr		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:				l I

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David W. Hulker	835 E. French Ave	D\dd
		B35 E. French Ave Orange City Fl 32763	<u>S</u> □ Remove
		<u></u>	Change
<del></del>		<del> </del>	
			Remove
			Change
			□ Add
			Remove
		·	□ Change : 133 □ Add
		<u> </u>	Remove
			Change
<del></del>			□ Add  □ Remove
			Change
			□ Remove

			<del></del> _
			<del></del>
		<del></del>	
	<del></del>	<del>-</del>	
			****
	<del>-</del>		<del>-7</del>
		·	1
		:	Go
			8
		>\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*	61
		<del> </del>	
fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date.  If the date inserted in this block does not meet the applicable.		(optional)	
	te of filing or more than 90 day statutory filing requirement	s after filing.) Pursu	ant to 605,02
ecument's effective date on the Department of State's records.	- James and mothers	s, and date will he	or oc fisieu a
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:	01 a.m. on th	e earlier d
and both day area the record is filed.			
red October 17, 2017.			;
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			}
Signature of a member or authorized	representative of a member		<del></del>

Page 3 of 3

Filing Fee: \$25.00