## 11000054834

(Re	equestor's Name)
(AC	ldress)
•	•
(Ad	ldress)
•	,
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
_	
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Conies	Certificates of Status
Octuned Copies	
Special Instructions to	Filing Officer
Special instructions to	Fining Officer.

Office Use Only



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TALLAHASSEE, FLORID

T. CLINE
JUL 21 2010
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2010

MICHAEL REPPAS 7850 NW 146TH STREET, SUITE 501 MIAMI LAKES, FL 33016

SUBJECT: AIRNOVADESIGN USA, LLC

Ref. Number: L10000054834

We have received your document for AIRNOVADESIGN USA, 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 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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 310A00016950

## **COVER LETTER**

Division of Cor			,		
SUBJECT: 4	CNOVADESIC	N USA, LLC			
	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Millihael J	Name of Person	·		
	law cffice	e a wholth	eppas, P.A	•	
	7850 NU	) 140h Street, St	e 501		
	Moni Lah	FL 33020 City/State and Zip Code	<u> </u>	SECRET	gJ.
•••	CEPPOS & CE-mail address: (1	o he lised for future annual report notifica	tion)	JUL 20 RETARY ( AHASSEE	S. mech. S. merne S. merne
For further information co	oncerning this matter, please c	all:			j 1
Herroel J Name of	Perpos Person	at ( <u>355) 839 - 8</u> Area Code & Daytime T	Celephone Number	9: 52 STATE LORIDA	•
Enclosed is a check for th					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Certified Copy (additional co	Status &	
<b>.</b>	ANC ADDRESS.	STREET/SOURIE	O ADDRESS.		

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

- ATYNOVANCE	<u> 1610 UDA, L</u>	<u> </u>	<del></del>	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appeal lited Liability Company)	's on our records.)		
(1117)	, company		IN E	
The Articles of Organization for this Limited Liability Com	npany were filed on	<del></del>	and assigned	-12.3E
Florida document number <u>11000054834</u> .			L2	gard.
			SS (A)	ž
	•		EE 07 37	i
This amendment is submitted to amend the following:	•		240	1
, A TO 11 (A) 11	11/11/11/		9	
A. If amending name, <u>enter the new name of the limited</u>	a hability company nei	<u>e</u> :	52 PHE	
			7>	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	my," the designation "l	.LC" or the abbrevi	iatio
Cutou new muincinal offices address if amplicables	4000	TOURSUR.	$T$ $\delta$ $(M)$ $\Phi$	
Enter new principal offices address, if applicable:			<u>Herrial</u>	
(Principal office address MUST BE A STREET ADDRES	$\overline{c}$	<u>tment 2110</u>	·	
	Him	1, FL 33	138	
na ann an	yr w	Touberside	a Tome	,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	tment, 2110		_
	<i>Hiam</i>	1, FL 331	38	
·		•		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter t	the name of the	печ
Name of Name Desistand Agents				
Name of New Registered Agent:		<del></del>		_
New Registered Office Address:				
	En	ter Florida street ada	lress ·	
		. 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, 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** □ Add Remove Add Remove Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Jo Depos Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00