

L100000069715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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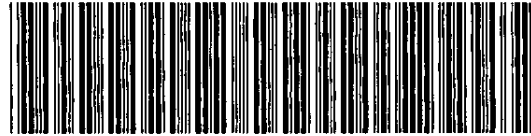
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

AUG 07 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 75 NE 209 Street, 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:

Jon Freeman

Name of Person

Firm/Company

515 NE 190 ST.

Address

Miami, FL. 33179

City/State and Zip Code

jon@affordableair.com

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

For further information concerning this matter, please call:

Jon Freeman

Name of Person

at (954) 980-3328

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

75 NE 209th Street, 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 06/30/2010 and assigned
Florida document number L10000069715.

This amendment is submitted to amend the following:

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

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)

515 N.E. 190 St.

Miami, Fl. 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 N.E. 190 St.

Miami, Fl. 33179

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:

Jon Freeman

New Registered Office Address:

515 NE 190 St.

Enter Florida street address

Miami

Florida 33179

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.

Jon Freeman
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jon Freeman	515 NE 190 St	<input checked="" type="checkbox"/> Add
		Miami, FL. 33179	<input type="checkbox"/> Remove
MGRM	Merle Lisk	720 SW 64th Parkway	<input type="checkbox"/> Add
		Pembroke Pines, FL. 33023	<input checked="" type="checkbox"/> Remove
MGR	Jake Butler	P.O. Box 611572	<input type="checkbox"/> Add
		Miami, FL. 33261	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated July 30, 2013


Signature of a member or authorized representative of a member

Jon Freeman
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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