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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE. FLORIDA

J. BRYAN

FEB 2 1 2011

EXAMINER

COVER LETTER

TO: Registration	Section orporations	•		
SUBJECT:	Air Name of Lim	at Fabbricca, LI ited Liability Company	<u>C</u>	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Gi	Name of Person		_
		Firm/Company		FIL 11 FEB 1 SECRETA SALCARIA
	59	NW36 Street	<u>. </u>	LED 18 PM 1: 13 TARY OF STATE NASSEE, FLORIE
•	$\frac{1}{m}$	City/State and Zip Code	0	TATE
	E-mail address: (- In O DO IOO (to be used for future annual report notifies	ation)	
For further information	concerning this matter, please	eall:		
Name	line Davila of Person	at (<u>305</u> <u>970-11</u> Area Code & Daytime	Celephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &
MAILING ADDRESS:		STREET/COURIE	R ADDRESS:	

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Air	at Fabbric A	LLC	
	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabs	lity Company were filed on <u>{</u>	3/5/10 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
Air At L	MUT LLC		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:	TASE #	
(Principal office address MUST BE A STREET A	DDRESS)	LAR THE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	TARY OF STATE ASSEE, FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on a address here:	our records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	<u> </u>	, 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 1 **Address Type of Action** ☐ Add ☐ Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized rep sentative of a member

Page 2 of 2

Filing Fee: \$25.00