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EXAMINER

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2010 SEP 20 PM 3: 22
SECKETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations		
SUBJECT: Air Flow Deflecor, LTD Liability Company Name of Limited Liability Company	٥.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eric J. Olson Name of Person Sweat & Olson, P.A. Firm/Company DO18 S. Fla. Ave Address Laxeland, FL 33803 City/State and Zip Code e olsone Saolaw com	2010 SEP 20 PM 3: 22 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Eric J. Olson at (803 U80-2222) Name of Person Area Code & Daytime Telephone Number	er	
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	filing Fee, cate of Status & ed Copy onal copy is enclos	sed)
MAILING ADDRESS: 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 Flow 1	eflecor LTD. Lic	ability CESS =
(Name of the Limited	Deflecor LTD. Lic Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited L Florida document number $\underline{L10000099}$	iability Company were filed on	S N
This amendment is submitted to amend the following	owing:	- B
	lector, LTD. Liab	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company,"	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applie	cable:	4.5
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fntar	Florida street address
	Liuci	
	City	, Florida 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:

<u>Γitle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.,)
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Filing Fee: \$25.00