

L110006099313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

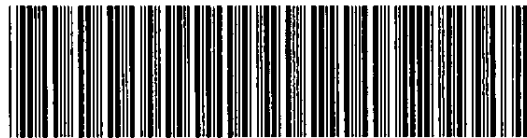
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FEB 20 2013

B. KOHR



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13 FEB 19 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AIR TODAY, 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:

PATRICIA MASTNY

Name of Person

AIR TODAY, LLC

Firm/Company

1400 COMMERCE BLVD. #A

Address

SARASOTA , FL 34243

City/State and Zip Code

PATTTIELOU@AOL.COM

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICIA MASTNY

Name of Person

at 941 554-7000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(S)

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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         | James Sohol | 1400 Commerce Blvd | <input type="checkbox"/> Add               |
|              |             |                    | <input checked="" type="checkbox"/> Remove |
|              |             |                    |  |
|              |             |                    | <input type="checkbox"/> Add               |
|              |             |                    | <input type="checkbox"/> Remove            |
|              |             |                    |  |
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|              |             |                    | <input type="checkbox"/> Add               |
|              |             |                    | <input type="checkbox"/> Remove            |
|              |             |                    |  |

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

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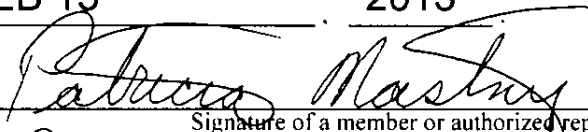
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Dated FEB 15, 2013



Signature of a member or authorized representative of a member

PATRICIA MASTNY

Typed or printed name of signee

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Filing Fee: \$25.00