

Florida Department of State
Division of Corporations
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L11000101480

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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : 120070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: etc @ LicensesEtc . com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL NATURAL AIR LLC

Certificate of Status	1
Certified Copy	1
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TALLAHASSEE, FLORIDA

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APR 13 2012

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EXAMINER

EXAMINER

COVER LETTER

(((H12000096882 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL NATURAL AIR 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:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 12 AM 9:04

James Chester
Name of Person

ALL NATURAL AIR LLC
Firm/Company

123 SW 31ST TER
Address

CAPE CORAL FL 33914
City/State and Zip Code

allnaturalair1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Adams at (**239**) **777-8321**
Name of Person Area Code & Daytime Telephone 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 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

(((H12000096882 3)))

ARTICLES OF AMENDMENT **((H12000096882 3))**
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 12 AM 9:04

ALL NATURAL AIR 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 9/06/2011 and assigned
Florida document number L11000101480

This amendment is submitted to amend the following:

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

Air Conditioning in Paradise, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: James M. Chester

New Registered Office Address: 123 SW 31st Ter

Enter Florida street address

Cape Coral, Florida 33914

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.

James Chester
If Changing Registered Agent, Signature of New Registered Agent

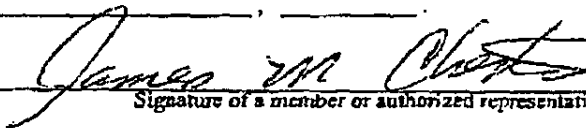
If amending the Managers or Managing Members on our records, enter the title ~~(((H12000096882 3)))~~ Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James M. Chester	123 SW 31st Ter Cape Coral, FL 33914	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

James M. Chester

Typed or printed name of signer