L11000118023

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J. BRYAN

JUN 28 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation			· •
SUBJI	icт: <u>) С</u>	Name of Lin	ologics LLC nited Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are su	abmitted for filing.	
Please	return all correspond	lence concerning this matte	er to the following:	
		875	Robert Delvecchi Name of Person Chambring by Bush Firm/Company Miles Are Address Park FL 32789 City/State and Zip Code Cumberat Ly Olaol. co. (to be used for future annual report notifica	- Reference
		E-mail address:	(to be used for future annual report notifica	tion)
For fur	ther information con	cerning this matter, please	call:	
	Rober + Name of P	DelvechD	at (<u>Uu7)</u> 340-30 Area Code & Daytime T	celephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A> = T	10.000	· •	SE DIS.	1
(Name of the Limited)	Air Techn	stogres	\ <u>\</u>	<u> </u>	-
(Name of the Limited (A	Florida Limited Liabi	lity Company)	n our records.)	757	m
The Articles of Organization for this Limited Lia		re filed on	114/11	SECTION OF SECTION SECTION OF SEC	gd C
Florida document number <u>L1100011</u>	8023			TORIE .	2
This amendment is submitted to amend the follow	wing:			ን	
A. If amending name, enter the new name of	the limited liability	company here:			
" New World So					
The new name must be distinguishable and end with "L.L.C."	the words "Limited l	Liability Company,	" the designation "	LLC" or the abbr	eviation
Enter new principal offices address, if applica	ble:	875 /	Miles Are		
(Principal office address MUST BE A STREET	(ADDRESS)	Winter	hills Are Pach, Fl	- 37799	
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE B	 <u>80X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office ice address here:	address on our	records, enter	the name of th	he new
Name of New Registered Agent:	<u>Roba</u> 879	et Delve	cchio		
New Registered Office Address:	879	5 Mile 5 Enter	Arc Florida street add	dress	
	winter_	Parh	Florida street add	32789	
	C	ity'		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 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>	Name	Address	Type of Action		
MGR	Robert Delvechio	375 Miles Are worter part , FL 32789	Add Remove		
MGRM	Asha Morales	2149 Suport Cir. Apt. 10 Linter pach FL 32792	7 Add Remove		
			Add Remove		
	<u> </u>		Add Remove		
			Add Remove		
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	FILED JUN 22 PH 3: 27		
			27 27 27		
Dated	June 19th, 2	1012.	_		
	Signature of a member	or authorized representative of a member			
	Robert	Dellect 4,0	 		
	Typed	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00