

L120000215603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

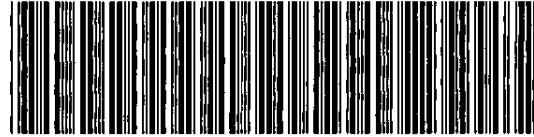
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600221679486

02/16/12--01032--004 **30.00

FILED
12 FEB 27 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 28 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2012

LUIS F. ALBARRACIN
3616 PELICAN LN
ORLANDO, FL 32803

SUBJECT: AIR LUJEN SERVICES LLC.
Ref. Number: L12000021563

We have received your document for AIR LUJEN SERVICES LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 312A00007339

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 27 PM 9:33

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Air Lujen Services 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:

Luis F. Albarracin

Name of Person

Air Lujen Services LLC

Firm/Company

3616 Pelican Ln

Address

Orlando, FL 32803

City/State and Zip Code

albarracin_luis@yahoo.com

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

For further information concerning this matter, please call:

Luis F Albarracin

Name of Person

at (407)

803-1896

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

FILED
12 FEB 27 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AIR LUTEN SERVICES 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 2/14/12 and assigned
Florida document number 412000021563

This amendment is submitted to amend the following:

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

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)

FILED
12 FEB 27 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	creature comforts	3616 pelican ln orlando fl 32803	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SEAN W. BERRYHILL	4424 BLEASDALE AVE ORLANDO, FL 32808	<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 2/14/2012

Luis F Albarracin

Signature of a member or authorized representative of a member

Luis F Albarracin

Typed or printed name of signee

FILED
12 FEB 27 PM 8:33
CLERK OF STATE
TALLAHASSEE, FLORIDA