

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L12000109264

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

From:
Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: info@activatemylicense.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AIRE TODAY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIRE 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:

JESSICA BROWNING

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JESSICA BROWNING

Name of Person

at (813) 932-5244

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIRE TODAY 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 8/24/2012 and assigned
Florida document number L12000109264.

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)

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:

MICHELE SENSEMAN

New Registered Office Address:

501 LYONS BAY ROAD

Enter Florida street address

NOKOMIS,

City

Florida 34275

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 605, 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.

Michele Senseman

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGRM	ROBERT L SENSEMAN	501 LYONS BAY ROAD	<input type="checkbox"/> Add
		NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Remove

MGRM	MICHELE SENSEMAN	501 LYONS BAY ROAD	<input checked="" type="checkbox"/> Add
		NOKOMIS, FL 34275	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 16, 2016



Signature of a member or authorized representative of a member

ROBERT L SENSEMAN

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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