

LI2000112224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

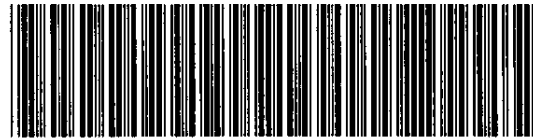
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 12 2016
TALLAHASSEE, FLORIDA

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SEP 13 2016
D. BRUCE



Longworth

— comfort air —
GAC1817256

4440 Hancock Bridge Parkway
N. Ft Myers, FL 33903
Mailing Address:
PO Box 151266
Cape Coral, FL 33990
Office: 239-673-9158

To: Florida Department of State

From: Reina Longworth
Manager

Date: 9/9/2016

Re: Amendment

Please find the attached for processing and filing. Payment included.

Any questions or concerns, please let me know.

Thank you,

Reina Longworth
239-895-3691
yvonne@longworthair.com

FILED
2016 SEP 12 P 2 31
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LONGSWORTH COMFORT 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:

REINA Y. LONGSWORTH

Name of Person

LONGSWORTH COMFORT AIR, LLC.

Firm/Company

PO BOX 151266

Address

CAPE CORAL, FL 33915

City/State and Zip Code

YVONNE@LONGSWORTHAIR.COM

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

For further information concerning this matter, please call:

REINA Y. LONGSWORTH

Name of Person

239 895-3691

at ()

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**

LONGSWORTH COMFORT 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 08/23/2012 and assigned
Florida document number L12000112224.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4440 HANCOCK BRIDGE PARKWAY

(Principal office address MUST BE A STREET ADDRESS)

NORTH FORT MYERS, FL 33903

Enter new mailing address, if applicable:

PO BOX 151266

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33915

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:

REINA Y. LONGSWORTH

New Registered Office Address:

4440 HANCOCK BRIDGE PARKWAY

Enter Florida street address

NORTH FORT MYERS

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 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.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
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FALLAHEE FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 9 2016

Typed or printed name of signee