L12000112224

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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

Florida Department of State

From: Reina Longsworth

Manager

Date: 9/9/2016

To:

Re: Amendment

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

Any questions or concerns, please let me know.

Thank you,

Reina Longsworth

239-895-3691

yvonne@longsworthair.com

COVER LETTER

TO: Registration Section

Division of Co	rporations				
	ORTH COMFORT AIR, LLC.				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	REINA Y. LONGSWORT	TH .			
		Name of Person			
	LONGSWORTH COMFO	ORT AIR, LLC.			
		Firm/Company	 -		
	PO BOX 151266				
		Address			
	CAPE CORAL, FL 33915				
	YVONNE@LONGSWOR	City/State and Zip Code			
For further information	E-mail address: (concerning this matter, please co	to be used for future annual	report notification)	ZEB STP	er regal
REINA Y.LONGWOR	- · ·		5-3691	5 2 TS	j
Name	of Person	at () Area Code	Daytime Telephone	Number	•
				- Δ	
Enclosed is a check for	the following amount:	, , ,			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is end	closed) C	50.00 Filing Fee Certificate of Sta Certified Copy additional copy is er	itus &
	·				
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327	Registrat Division Clifton E	T/COURIER ADDR tion Section of Corporations Building		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONGSWORTH COMFORT AIR	•	_			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L. Florida document number L12000112224	iability Company	were filed on	and assigned		
his amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applic	cable:	4440 HANCOCK BRIDGE PARK	WAY		
(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			
3. If amending the registered agent and egistered agent and/or the new registered o			nter the name of the		
Name of New Registered Agent:	REINA Y. LO	NGSWORTH	8 1		
New Registered Office Address:	4440 HANCO	CK BRIDGE PARKWAY Enter Florida street address			
	NORTH FORT	,	33903		
		City .	7in 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

Page 1 of 3

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

<u>Citle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
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Filing Fee: \$25.00