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COVER LETTER

TO:

Registration Section / Division of Corporations

CLIPTECE

Mike's AC, 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:

Michael Leonardi

Name of Person

Mike's AC, LLC

Firm/Company

9860 S Thomas Drive #1501

Address

Panama City Beach, FL 32408

City/State and Zip Code

mikesacllc@gmail.com

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

For further information concerning this matter, please call:

Stacey Kiaunis

....

,,850**、200-502**6

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

\$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

Mike's AC, LLC			
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our re orida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company were filed on 01/23/2013 and ass			
Florida document number L13000011682			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	signation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	20 FA	
		EB - 5	
Enter new mailing address, if applicable:		1.1	
(Mailing address MAY BE A POST OFFICE B	<u></u> OX)	AR II	
		0R 0.	
		ŽE O	
B. If amending the registered agent and/or	•	ds, enter the name of the new	
registered agent and/or the new registered offi	ce address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	a street address	
	.1	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Stacey Kiaunis	274 W Kennemur Dr	Add
		Defuniak Springs, FL	Remove
		32433	_
MGRM	Michael J.Leonardi	9860 S. Thomas Drive	_ ✓ Add
		#1501	Remove
		Panama City Beach, FL 32408	3
			Add
		The state of the s	Remove
		,125 	
		ASSE	Add
		FLOR	Remove
		LORIDA	10
			Add
			Remove
			Add
			Remove
			Remove

D. If am	ending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)		
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,	i			
Dated	0/2-02-2013, 2013.	In M		
	Alani. D			
	Signature of a member or authoriz	- / //		
	Stacey Kiaunis	Mio∕ha⊭l J. Leonardi		
	Typed or printed name of signee			
	·			

Page 3 of 3

Filing Fee: \$25.00

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