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O. BUTLER

COVER LETTER

TO#

Registration Section
Division of Corporations

SUBJECT:

AIR Capital Holdings, 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:

Stanley J Thompson III

Name of Person

AIR Capital Holdings, LLC

Firm/Company

136 Lakeshore Drive, PH11

Address

North Palm Beach, Florida

City/State and Zip Code

thompsonrj@hotmail.com

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

For further information concerning this matter, please call:

RJ Thompson

,,,561_`7274423

Name of Person

Area Code & Davtime 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

AIR Capital Holdings, LLC		The state of the s
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our real Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L13000046973</u>	Company were filed on March 29,	2013 and assigned
This amendment is submitted to amend the following:		No.
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	,
Ridge Capital Holdings, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:		ls, <u>enter the name of the new</u>
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida	street address
	.	N 2 J -
 -	Citv , F	lorida 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>	Name	Address	Type of Action	
			Add	
			Remove	
			Add	
		 	PRemove W	
			— We see the	
				
			Remove	
			Add	
			Remove	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

D. If amending any of	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
				
Dated March 30	2013			
				
	Signature of a member or authorized representative of a member			
<u>Stanle</u>	y J Thompson III			
	Typed or printed name of signee			

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Filing Fee: \$25.00

