## LB000/05677

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## **COVER LETTER**

SUBJECT: Arctic Air of Northern Florida, 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:
Rachael B. Beverly
Arctic Air of Northern Florida, LLC
451688 State Road 200
Callahan, FL 32011
Callahan FL 32011  City/State and Zip Code  rachael @ aa-nf.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Lathrop at 904, 607-5777  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Oi

Arctic Air of (Name of the Limited Liability Compa (A Florida Limited I	Northern Florida, LLC  Invasion now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1300010567</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	<b>38</b> V:S
	Sione -
	- 95 A.C.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	ORD S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Emer Florida strect address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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>	Address	Type of Action
MGR	Rachael B. Beverly	451688 State Road 200	∑X <sub>Add</sub>
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ctive date, if other the	date must be specif	fic and cannot be	7-10 prior to date e	f filing or more t	(option han 90 days after fi	ling.) Pursuant to	605.0
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Filing Fee: \$25.00