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COVER LETTER

		ration Section of Corp						
CHD IEC		reeze Se	ervices LLC					
Name of Limited Liability C				ited Liability Company				
			mendment and fee(s) are subsidence concerning this matter	•				
			Thomas Hert					
			***************************************	Name of Person				
			Breeze Services LLC	C				
				Firm/Company				
			224 14th St E		ψĸ	•,		
				Address		25	781	
			Bradenton Fl 34208			는 사. 즐런	2014 NOV -	
			tomghert@gmail.com	City/State and Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TARY O	5	
			E-mail address: (t	to be used for future annual report notific	cation)	E S	뭐	Quantum V
For furth	er info	rmation cor	ncerning this matter, please ca	all:		BEE SE	1:2	The party of
Thoma	as He	rt		812 797-5567		5		
		Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	l is a ch	eck for the	following amount:					
\$25.0	00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified ((additional c	of Status		

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

Breeze Services LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000139591</u> .	were filed on 10/03/2013	and assigned
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 end with the words "Limited Liab	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	620 57th ave w	
(Principal office address MUST BE A STREET ADDRESS)	B-21	201
	Bradenton FI 34207	
Enter new mailing address, if applicable:		JV-5
(Mailing address MAY BE A POST OFFICE BOX)		TO 2 (1)
(Making datess MAT BE A POST OFFICE BOX)		STATE 21
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBK = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	William Forrest	620 57th Ave w B-21 Bradento	on Fl 34207 ■ Add
			☐ Remove
			
			□ Remove
			Add
			Remove
			2014 NOV -5 SPH 1:21 FALLABASSED FLORIDATION
			SSEE FILOR
			———□ Add
		.	Remove
			□ Add
			☐ Remove

If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
	·
	
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Departmen	te of receipt or filed date and cannot be more than 90 days after
Dated 11-3	2014
,	
1247	
Signature of a n	nember or authorized representative of a member

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