## L13000140405

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	))
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(D-	A Division of the contract of	
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
	Ellis Office	
Special Instructions to	Filing Officer:	





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FILED
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MOV 2 5 2013 D. BRUCE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

Consulting Pro Services, 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:

	Guillermo Garcia				
		Name of Person			
		Firm/Company			
	7611 caraca	l ct			
	<del></del>	Address			
	tampa, fl 336	625			
		City/State and Zip Code		<b>₹</b> ~	,
	guilleseli@hotma				
For further information of	E-mail address: (to	to be used for future annual report notification	on)	SECRETARY SECRETARY FALLAHASSE	
Guillermo (	Garcia	954 <sub>8</sub> 16-150	5	Y OF	
Name o	of Person	Area Code & Daytime Te	lephone Number	PM 4: 07	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	osed)

**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

Consulting Pro Services, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L13000140605		
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Air Pro Solutions, LLC		
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		30 2 <b>11</b>
(Principal office address MUST BE A STREET ADI	DRESS)	2 3 M
		22 22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		E A
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our r ldress here:	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, 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.

MGR = Manager MGRM = Managing Member			
<u>itle</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remov
			Add
			Remov
		<del> </del>	Add
			NO N
			PH 4: D7
			Remov
<del></del>			Add
			Remov

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	11/17/2013
	Lufaria
	Signature of a member or authorized representative of a member
	Guillermo Garcia
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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