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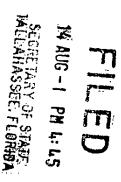
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ALL IN ONE HEATING AND COOLING, 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:

JEREMIAH D ROBINETTE

Name of Person

ALL IN ONE HEATING AND COOLING, LLC

Firm/Company

12292 CLET HARVEY RD

Address

GLEN ST. MARY, FL 32040

City/State and Zip Code

JROBINETTE@NEFCOM.NET

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

For further information concerning this matter, please call:

JEREMIAH D ROBINETTE

.904.7356299

Name of Person

Area Code

Daytime 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

ALL IN ONE HEATING AND COOLING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 07/21/2014	and assigned
Florida document number L14000011354		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
AMERICAS AIR, LLC		
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	3.5)	
		\$ 5 1 .
T		55
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		3 5 5
B. If amending the registered agent and/or registered	ed office address on our records,	enter the name of the ne
registered agent and/or the new registered office address		
Name of New Pagistared Agents		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address	ida

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, enter the title, name, and address of each Manager or
Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Aa$	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
			Add			
	٠.		□ Remove			
, .·	•		SECOND Remove			
			STAND SAND			
			□ Remove			
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	***************************************	<u> </u>	□ Add			
			□ Remove			
			□ Add			
			Remove			

D. I	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-	
		-	
Γ)	Effective date, if other than the date of filing: (optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	-	
Γ	Land D. Polinista		
	Signature of a member or authorized representative of a member JEREMIAH D ROBINETTE		₹'
	Typed or printed name of signee	M AUG - I PM	
	Typed or printed name of signee Typed or printed name of signee Typed or printed name of signee	AUG - I	

Page 3 of 3

Filing Fee: \$25.00