

L14000104040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

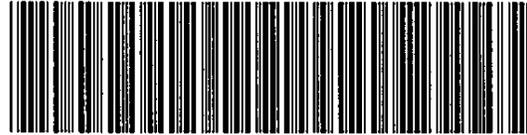
(Business Entity Name)

(Document Number)

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LABORERS

AUG 21 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONASI A/C 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:

ONASI JIMENEZ

Name of Person

ONASI A/C SERVICES, LLC

Firm/Company

9829 PORTOFINO DR.

Address

ORLANDO, FL 32832

City/State and Zip Code

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

For further information concerning this matter, please call:

ONASI JIMENEZ

Name of Person

at **321 217-7570**

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

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 TALLAHASSEE, FLORIDA
 STATE DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ONASI A/C SERVICES, 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 Company were filed on FLORIDA and assigned Florida document number L14000104646.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address:

9829 PORTOFINO DR

Enter Florida street address

ORLANDO

City

Florida

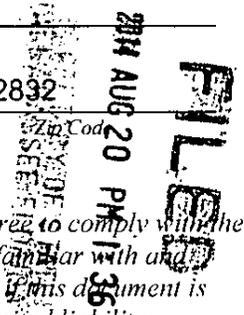
32832

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JIMENEZ, ONASI	9829 PORTO FINO DRIVE	<input type="checkbox"/> Add
		ORLANDO FL 32822	<input checked="" type="checkbox"/> Remove
MGR	JIMENEZ, ONASI	9829 PORTOFINO DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 MIAMI ASSISTANT CLERK

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ANY AND ALL LAWFUL BUSINESS

E. Effective date, if other than the date of filing: 08/15/2014 (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)

Dated AUGUST 15 2014



Signature of a member or authorized representative of a member
ONASI JIMENEZ

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA