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COVER LETTER

Division of Corporations LINT DOCTOR, LLC Name change SUBJECT: 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: MICHAEL MCCUTCHEON Name of Person LINT DOCTOR, LLC Firm/Company PO BOX 1300 Address ESTERO, FL 33929 City/State and Zip Code mike@lintdoctorllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL MCCUTCHEON 642-4690 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55,00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

LINT DOCTOR, LLC		
(Name of the Limited Lial (A Flor	pility Company as it now appears on our records. rida Limited Liability Company)	<u>-)</u>
The Articles of Organization for this Limited Liability Florida document number L14000127337	Company were filed on 08/13/14	and assigned
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 SUPPLY COMPONENTS, LLC		
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re-	•	
registered agent and/or the new registered office a	ddress here:	2018 2018
Name of New Registered Agent:		652
New Registered Office Address:		[7].
	Enter Florida street address	J ,
		rida SS 75 C
	City	ZipCode

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 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>	Name	Address	Type of Action
			
			□ Remove
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Dated 7/13 2018	The Soul day after the record is filed.	
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Typed or printed name of signee

Filing Fee: \$25.00