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ALL ABASSEL FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: resp-wir @ Verizon · Net 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:
Gary Riccelli
Gary Riccelli Name of Person RESP-AIR LLC Firm/Company
149 Manning Drive
N. Symucuse NY 13212 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gary Riccelli at (315) 458 7769 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

resp-air O Ver; 7021 (Name of the Limited Limbility (A Florida	Net L.C. ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 70-8016584316-	company were filed on ///2 4// 4 and assigned 3.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C." **RESS** **RESS** **Transport of the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RESP-AIR LLC 149 Marning Drive N. Syracuse NY 13212
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	tered office address on our records, enter the name of the new
Name of New Registered Agent:	AR MA
New Registered Office Address:	Enter Florida street address Florida City Zip Code
	Florida 25 5
	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

Flective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 66 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list becument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m.2on the earl The 90th day after the record is filled.	1	
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00