## 1500028052

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K. SALY NOV - 7 2016

## COVER LETTER

TO	): Registration Division of C			٠.
eti		Solutions, LLC		
50		Name of Lim	ited Liability Company	
The	e enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Ple	ease return all corre	spondence concerning this matter	to the following:	
		G. Richard Hostetter		
			Name of Person	
SeaAir Solutions, LLC				
Firm/Company				
	1203 Nottingham St.  Address			
		Orlando, FL 32803		
		***************************************	City/State and Zip Code	
		rhostetter@seaairsolutions.		
		E-mail address: (	to be used for future annual report notif	ication)
For	r further information	n concerning this matter, please c	all:	
G.	Richard Hostetter		407 620-8854	
	Nam	e of Person	Area Code Daytime	Telephone Number
En	closed is a check fo	r 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**

2016 NO	FILED
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SeaAir Solutions, LLC

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

(****)	ion Diffico Dia	only company)	ORIDA
The Articles of Organization for this Limited Liability Florida document number L15000088052	Company we	ere filed on May 5, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	mited liabilit	y company here:	
The new name must be distinguishable and contain the words "Li	imited Liability	Company," the designation "LLC" or the	e 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)		1203 Nottingham St.	
		Orlando, FL 32803	
		1203 Nottingham St. Orlando, FL 32803	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	•	e address on our records, <u>en</u>	ter the name of the
Mame of New Registered Agent:			
New Registered Office Address:	3 Nottingham	St.	
		Enter Florida street address	
Orla	ando	, Florida	32803
		City	Zip Code

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	ing Authorized Person(s) authorized to red from our records:	manage, <u>enter th</u>	e title, name, and address of each	person being added
	Manager Authorized Member		FILED 2016 NOV-4 PM 12:55	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action
			AHASSEE. FLORIDA	
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	TALLAHASSEE, FLORIDA
	ASSEE, FLORIDA
	"Up
Effec	tive date, if other than the date of filing: (optional)
(if an e	ffective 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 605.0207 is If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	nent's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
Dated	Nov 9 10 116.
	William Market a
	(2 X 7.6 / X / /a/ //X / ///X / ///X / ///X
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member  6. Richard Hostetler

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Filing Fee: \$25.00