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## **COVER LETTER**

	Division of Cor			
CHD IF	Aerial Serv	ices of Central Florida. LLC.		
SUBJEC	CT:	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	_	
	тап ин воловре	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to inc retie wing.	
		Anita S. Partin		
		i i	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Aerial Services of Central	Florida, LLC.	
			Firm/Company	
		4209 Isle Vista Avenue		
			Address	
		Belle Isle, FL 32812		
			City/State and Zip Code	
		James.partin@gmail.com	( )	ng:  f Person  ompany  ress  ad Zip Code  duture annual report notification)  7
For furth	er information c	oncerning this matter, please c		eport notification)
Anita S.	Partin	•	407 592	:-67879
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	he following amount:		
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enc	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registrat Division Clifton B 2661 Exe	ion Section of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code	
	Longwood		, Florida <sup>32750</sup>	
New Registered Office Address:		Enter Florida :	street address	
	1404 North Ro	nald Reagan Blvd.		
Name of New Registered Agent:	Green Solution	is Accounting Firm, Inc	<u> </u>	
B. If amending the registered agent a registered agent and/or the new registered	nd/or registered of office address her	office address on ou re:	r records, enter the name	of the new
				<del>ب</del> '
(Mailing address MAY BE A POST OFFIC	CE BOX)		<u></u>	- <u></u>
Enter new mailing address, if applicable:	•		<u></u>	<u>'``</u> '-
			J. 1510H &	F 11-
			<u> </u>	<u> </u>
(Principal office address MUST BE A STR	<u>EET ADDRESS)</u>			
Enter new principal offices address, if app	plicable:			
The new name must be distinguishable and contain the	he words "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation "I	L.C."
	<u>.ļ</u>		<u> </u>	
A. If amending name, enter the new nam	e of the limited liab	oility company here:		
This amendment is submitted to amend the i	following:			
Florida document number L17000118259	<del></del> ·			
The Articles of Organization for this Limited	d Liability Company	y were filed on way 2.	and as	signed
		May 22	2.2015	
(Name of the 1.	imited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
Aerial Services of Central Floric	11			

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>	<u>Name</u>	Name Address	
MGR	James D. Partin	4209 Isle Vista Ave. Belle Isle, FL.,	<b>=</b> Add
			Remove
			Change
		<del></del>	□ Remove
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ective date, if other than effective date is listed, the date	the date of filin	ig:	o date of filing or t		otional) fler filing.) Pursua	nt to 605.0207
te: If the date inserted in thi ument's effective date on the	s block does not	meet the applica	ble statutory fili	ng requirements.	this date will no	t be listed as
record specifies a dela he 90th day after the i			an effective	time, at 12:0	1 a.m. on the	e earlier of
ed September 19		. 2017	<u> </u>			
	'	<u> </u>				

Page 3 of 3

Filing Fee: \$25.00