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COVER LETTER

	gistration Sec vision of Corp		•	
SUBJECT:		AIR SERVICES LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		JENNIFER FREYEISEN		
			Name of Person	
		JENERGY AIR SERVICE	S LLC	
			Firm/Company	
			Address	
		LARGO, FL 33774		
			City/State and Zip Code	
		jen@jenergyreynolds.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
JENERGY AIR SERVICES LLC			727 420-8872 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

JENERGY AIR SERVICES LLC

(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)			
The Articles of Organization for this Limited I	Liability Company v	were filed on 09/01/2	015	ar	nd assi	gned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liabil	lity company here:				
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the design	ation "LLC" or the	abbreviati	on "L.I.	.,C."
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:		14455 LARBOARD LANE				
(Mailing address MAY BE A POST OFFICE	LARGO, FL 33774					
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		:	records, ent	er the n	ame o	of the
New Registered Office Address:	814 CHESTNUT	Γ STREET		38.85 4.83.4	+	733
New Registered Office Address.		Enter Florida st	reet address	<u>. ا</u>	78	Surper (T)
	CLEARWATER	·	, Florida	33756	7:	james de la constitución de la c
New Registered Agent's Signature, if changing		City		Zip	ode.	

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

Page 1 of 3

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 = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
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			Add
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	7. D.A	_
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PSC-Alice And 16 address the state of 600 cm	(A N	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 6	05.0207 (
Note: If the date inserted in this block does not meet the applicable statutory fit document's effective date on the Department of State's records.	iling requirements, this date will not be li	sted as tl
·		
the record specifies a delayed effective date, but not an effective) The 90th day after the record is filed.	ve time, at 12:01 a.m. on the ear	lier of:
December 10, 2015		
Dated		
yennike & hereis	3	
Signature of a member or authorifed representati	tive of a member	
JENNIFER FREYEISEN		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00