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(Re	equestor's Name)	
	Ida V	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
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J. HARRIS

COVER LETTER

Division of Cor					
AETHER E					
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Doreen Mart				
		Name of Person			
	Aether Elite, LLC				
		Firm/Company			
	8901 Quality Road				
	Address				
	Bonita Springs, FL 34135				
	City/State and Zip Code doreenmart@gmail.com				
	fication)				
For further information c	oncerning this matter, please ca	to be used for future annual report notif ail:			
Doreen Mart	1	239 265-113 (980-7805		
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he 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

AETHER ELITE, LL (INCORRECTL'		•		
(Name of the Limited I (A)	Liability Compan Florida Limited Li	y as it now appears on ou ability Company)	r records.	
he Articles of Organization for this Limited Liabi	ility Company v	vere filed on Septembe	r 25, 2015	and assigned
lorida document number L15000163226				
This amendment is submitted to amend the following	ng:			
a. If amending name, enter the new name of th	e limited liabil	ity company here:		
AETHER ELITE, LLC				
he new name must be distinguishable and contain the word	s "Limited Liabilit	y Company," the designati	on "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicabl	e:	8901 Quality Road		
Principal office address MUST BE A STREET A		Bonita Springs, FL 341	.35	
nter new mailing address, if applicable:		8901 Quality Road Bonita Springs, FL 341	25	
Mailing address MAY BE A POST OFFICE BO	<u> </u>	Bonna Springs, FL 341		
s. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	_		records, <u>enter t</u>	he name of th
	8901 Quality Ro	ad.		_
New Registered Office Address:	0701 Quality Ro	Enter Florida stre	et address	
1	Bonita Springs		, Florida <u>3413</u>	35
-		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 Agen

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>	<u>Address</u>	Type of Action
MGR	Timothy Stokes	8901 Quality Road, Bonita Springs,	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			ALE DRemove
			P Change Add
			□ Remove
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Effective date, if other that (If an effective date is listed, the donormal Note: If the date inserted in document's effective date on the record specifies a death of the 90th day after the	ate must be specific and of this block does not me the Department of Sta elayed effective da	cannot be prior to date o eet the applicable stat ate's records.	filing or more than 90 output filing requirement	ents, this date v	vill not be list	ed as the
February 10		2016				
Dated	Anae	n Ma	t		16 5E(7AL)	
	Signature of a m	ember or authorized re	presentative of a member	er	AH.	7
Doreen Mart					\$35 B	Supplement
. —	•	Typed or printed name	of signee		PH	M
					S FAT	C
		Page 3 of 3			345 346 64	

Filing Fee: \$25.00