

L16000009290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 NOV 28 P 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE
NOV 30 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIR SYSTEM DESIGN 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:

ALINE DARMOUNI

Name of Person

ATRIUM CPA

Firm/Company

44 FLAGLER STREET - SUITE 2300

Address

MIAMI FL-33130

City/State and Zip Code

office@atriumcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALINE DARMOUNI

at (305) 6004405

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

2015 NOV 28 P 4: 09
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AIR SYSTEM DESIGN LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/15/2016 and assigned
Florida document number L16000009290.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1715 S Missouri Avenue

Unit 3

CLEARWATER FL 33756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

44 FLAGLER STREET - SUITE 2300

MIAMI

FL-33130

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALINE DARMOUNI - ATRIUM CPA

New Registered Office Address:

44 FLAGLER STREET - SUITE 2300

Enter Florida street address

MIAMI

City

Florida

33130

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

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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>	<u>Type of Action</u>
AMBR	COUEDELO, CHRISTOPHE	62 IIMPASSE DE FONT ROUBEI	☐ Add
		06250 MOUGINS, FRANCE	☐ Remove
			☐ Change
AMBR	COUEDELO, CHRISTOPHE	1715 S Missouri Avenue	☐ Add
		Unit 3	☐ Remove
		CLEARWATER FL 33756	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
ALLA CASSE, FLORIDA

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2016 NOV 23 P 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 28 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FD-36

(If 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 21st, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Aline Dermouni

Typed or printed name of signee