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Account Name : THE :

: THE FARR LAW FIRM

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: (941) 639-1158

Phone Fax Number

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trueair1@gmail.com

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### **COVER LETTER**

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AYIYA YAQARIN.	TRUE AN	RITC				
SUBJEÇT;		Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing,			
Please retur	n all correspo	ndence concerning this matter	to the following:			
	Fletcher H. Rush, Esq.					
			Name of Person			
		c/o Farr Law Firm				
			Firm/Company			
		4130 Woodmere Park Blve	d., Suite #12			
		<del>-</del>	Address			
		Venice, FL 34293				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report no	tification)		
For further i	information c	oncerning this matter, please c	all:			
Fletcher H.	Rush, Esq.		941 484-1996 at ( )			
	Name o	f Person		me Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.001	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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

(((H16000202733 3)))

08-16-'16 04:33 FROM- Farr Law Firm

941-497-7636

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POOOS/0005 F-592

FILED

2016 AUG 16 AM 9: 11

ALLAHASSCE. FLORIDA

T-603

TRUE AIR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 16, 2016 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_\_L16000095269 This amendment is submitted to amend the following: A. If amending name, cuter 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

#### 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

Page 1 of 3

(((H16000202733 3)))

08-16-16 04:33 FROM- Farr Law Firm 941-497-7636 T-603 P0004/0005 F-592

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>	Name	Address	Type of Action
AMBR	Terry Thames	6800 Placida Rd., #235	Add
		Englewood, FL 34224	□ Remove
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			☐ Change
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			Change To Add o Remove
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If amo	ending any other information, ent	er change(s) he	re: (Attach	additional sh	eets, if necessar	y.)
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an effe	ve date, if other than the date of fi coive date is listed, the date must be specific	and cannot be prio			optional) Odays after filing.	) Pursuant to 605.0207 (
	If the date inserted in this block does nent's effective date on the Department			ry filing require	ements, this date	will not be listed as t
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	90th day after the record is file					
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	Signature c	a member or auth	orized repres	entative of a men	iber	_
		WALTER F	. BORGES			
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Page 3 of 3

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