

L16000116932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

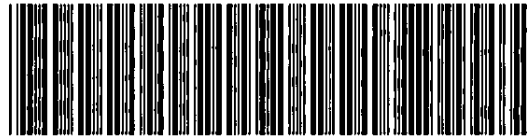
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR 11 AM 10:38

FILED

K. SALY  
APR 13 2017



Enitia Corporation

315 West Huron, Suite 240

Ann Arbor, MI 48103

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

April 5, 2017

**Re: Arctic Portable Air LLC**

Dear Sir or Madam:

Enitia Corporation has been authorized by John Reyes to file the enclosed Amendment for Arctic Portable Air LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)  
documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin  
Enitia Corporation

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARCTIC PORTABLE AIR 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:

Edward Stahlin

\_\_\_\_\_  
Name of Person

Direct Incorporation

\_\_\_\_\_  
Firm/Company

315 W Huron St Ste 240

\_\_\_\_\_  
Address

ARBOR  
Ann Arbor, MI 48103

\_\_\_\_\_  
City/State and Zip Code

documents@directincorporation.com

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

For further information concerning this matter, please call:

Edward Stahlin

877 281-6496  
at ( )

\_\_\_\_\_  
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

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

Arctic Portable Air LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/16/2016 and assigned  
Florida document number L16000116932.

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) \_\_\_\_\_

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:

John Reyes

New Registered Office Address:

1835 E Hallandale Beach Blvd Suit 891

*Enter Florida street address*

Hallandale Beach

*City*

Florida 33009

*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

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>
MGRM	Gary A Hyman	11835 E Hallandale Beach Blvd Suit 891	<input type="checkbox"/> Add
		Hallandale Beach, FL	<input checked="" type="checkbox"/> Remove
		33009	<input type="checkbox"/> Change
MGRM	John Reyes	11835 E Hallandale Beach Blvd Suit 891	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL	<input type="checkbox"/> Remove
		33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 ALABAMA, FLORIDA

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2001 APR 11  
STATE OF FLORIDA  
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ALL INFORMATION CONTAINED  
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DATE 04-11-2001 BY 60322 UCBAW

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(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 April 4th, 2017

John Reyes  
Signature of a member or authorized representative of a member

John Reyes

Typed or printed name of signee