## 116000117684

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## **COVER LETTER**

Div	ision of Cor	porations					
SUBJECT:	Air Strike C	Cooling and Heating					
seater.		Name of Limi	ited Liability Company				
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Frank Lozano					
		<del> </del>	Name of Person	· · · · · · · · · · · · · · · · · · ·			
		Air Strike Cooling and He	eating				
		6614 Thoroughbred Loo	р				
		Address					
		Odessa, FL 33556					
			City/State and Zip Code				
		airstrikecooling@gmail.co					
For further is	nformation co	E-mail address: (i	to be used for future annual report notificall:	cation)			
Frank Loza	no		813 753-1504				
	Name of	Person		Telephone Number			
Enclosed is a	a check for th	e following amount:					
□ <b>\$</b> 25.00 F	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:

TO:

Registration Section

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

Air Strike Cooling and Heating LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000117684	and assigned	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1701 N. Lois Ave Unit 334	_ =
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33607	<b>8</b> Visto
		C ON
		2 55
Enter new mailing address, if applicable:	6614 Thoroughbred Loop	<b>3</b> 39
Mailing address MAY BE A POST OFFICE BOX	Odessa, FL 33556	2 51
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		the name of the ne
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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>	Address	Type of Action
MGRM	John Rubio	6802 N 14 ST.	□ Add
		TAMPA, FL 33604	Remove
			☐ Change
			Remove
			☐ Change
			Add
		<del> </del>	□ Remove
			☐ Change
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ective date, if oth	er than the date (	of filing: _	<del></del>		(op	tional)	
te: If the date inser	d, the date must be spe rted in this block do	es not meet	the applicable	late of filing or m e statutory filin	ore than 90 days af g requirements, t	er filing.) Pursuan his date will not	it to 605. be liste
cument's effective of	late on the Departm	ent of State'	's records.				
	s a delaved effe	ctive date	but not a	n effective t	ime at 12:01	am on the	oarlic
record specifies	ter the record is	filed.	, but not u	ii ciiccave c	mic, at 12.01	a.m. on the	Come
record specifies The 90th day aff		-	1018				
The 90th day aft	<u>. 6</u>	, <u>t</u>	2013				
record specifies The 90th day aff		/	1018	.  Order representative			

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Filing Fee: \$25.00