## L16000 224 760

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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10/23/19--01004--801 \*\*25.00

## ARTIČLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AireRescue Air and Heating LLC.   |  |                                       |
|---|--|---------------------------------------|
| (Name of the Limited Liability Company as it now appe<br>(A Florida Limited Liability Company   | ars on our records.)                               |                                       |
| The Articles of Organization for this Limited Liability Company were filed on _   | 12/12/2016   | and assigned                          |
| Florida document numberL16000224760   |  |                                       |
| This amendment is submitted to amend the following:   |  |                                       |
| A. If amending name, enter the new name of the limited liability company  | <u>here</u> :                                      |                                       |
| The new name must be distinguishable and contain the words "Limited Liability Company," the   | e designation "LLC" or t                           | the abbreviation "L.L.C."             |
| Enter new principal offices address, if applicable:   |  |                                       |
| Principal office address MUST BE A STREET ADDRESS)  | - <del>-</del>                                     |                                       |
|   |  |                                       |
|   |  |                                       |
|   |  |                                       |
|   |  | 701<br>SE                             |
|   |  | 2019 0<br>SECR                        |
|   |  | 유주 <b>8 기</b>                         |
| Mailing address MAY BE A POST OFFICE BOX)   |  | RE AR                                 |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  | on our records, <u>er</u>                          | AHE 23 THE SSET THE NAME OF the       |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  | on our records, <u>er</u>                          | AHLYSSET the name of the              |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  | on our records, <u>er</u>                          | CO 23 mame of D                       |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  | on our records, <u>er</u>                          | AHLYSSET the name of the              |
| Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address of egistered agent and/or the new registered office address here:  Name of New Registered Agent:                                  | on our records, <u>er</u>                          | CO 23 mame of D<br>AHASSEE FLORIC     |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: | on our records, <u>er</u><br>lorida street address | CO 23 mame of D<br>AHASSEE FLORIC     |
| New Registered Office Address:  |  | OCT 23 name of D: 42 AHASSEEL FLORIDA |

## 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 |
|-----|--------------|-----------------------|---|----------------|
|     | AMBR         | Bernardo Guilarte Noa | 4165 Piney Branch Ct.<br>Jacksonville, FL 32257 | Add            |
|     |              |                       | <del> </del>                                    | ■ Remove       |
|     |              |                       |   | Change         |
|     | MGR          | Julio Z Huete Jr      | 3477 Rustic Lane<br>Middleburg, FL 32068        | ■ Add          |
|     |              |                       |   | □ Remove       |
|     |              |                       |   | Change         |
| MGH | OWNER        | Pamela M. Huete       | 3477 Rustic Lane<br>Middleburg, FL 32068        | Add            |
|     |              |                       |   | □ Remove       |
|     |              |                       | <del> </del>                                    | □ Change       |
|     |              |                       |   |                |
|     |              |                       |   | □ Remove       |
|     |              |                       |   | Change         |
|     |              |                       |   | Add            |
|     |              |                       |   | □ Remove       |
|     |              |                       |   | □ Change       |
|     |              |                       |   | □ Add          |
|     |              |                       |   | □ Remove       |
|     |              |                       |   | ☐ Change       |

| D. 11 amen                      | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|---------------------------------|---|
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| _                               |   |
| (If an effec<br><u>Note:</u> If | e date, if other than the date of filing:   |
|                                 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. |
| Dated _                         | 18-Oct 2019   |
|                                 | Signature of a member or authorized representative of a member  |
|                                 | Julio Z Huete Jr  |
|                                 | Typed or printed name of signee   |

Page 3 of 3

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