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(Re	questor's Name)	
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A C S Labellity Company 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:
Oracles A. white
A. R. Systems USA, LLC. Firm/Company
CISTRAGILICOS DR.
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (32) QUICE - 819 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy 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

Air System	ity Company as it now appears on our records.)
(A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability (
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	915 Trailward DR.
Principal office address MUST BE A STREET ADD	RESSI APOPLA, FL. 32712
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	915 Trailwood DR. Apoply, FL. 32712
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Finter Florida street address
	Apopla 3272 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>	Name	Address	Type of Action		
MCR	Charles A. White	915 Tecilwood DR.	Add		
		915 Tecilwood De. Apopla, FL. 32712	Remove		
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Filing Fee: \$25.00