## 117000591029

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	
Pertified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7





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## **COVER LETTER**

TO:	Registration Se Division of Cor			
 CUDI	Air Pros LL	.c		
	ECT:	Name of Lim	ited Liability Company	
•				
The er	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Douglas Perera		
			Name of Person	<del> </del>
			Firm/Company	
		P.O. Box 291676		
			Address	<del></del>
		Davie, FL 33324		
			City/State and Zip Code	
		daperera@yahoo.com  E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	·	
Douga	ils Perera		352 427-7864	
	Name o	f Person		e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>\$</b> 2	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

Air Pros LLC			
(Name of the Limited Liability (A Florida L	Company as it no imited Liability Co	w appears on our records ompany)	
The Articles of Organization for this Limited Liability Con Florida document number	mpany were file	d on 3/16/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability com	pany here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Compa	ny," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ress on our records,	, enter the name of the n
Name of New Registered Agent:			7
New Registered Office Address:	1	Enter Florida street address	17.5877 17.5877
<del></del>	City	, Flo	rida Zin Code
New Registered Agent's Signature, if changing Registered	•		0000 11771 1479
l hereby accept the appointment as registered agent ar	nd agree to act	in this capacity. I fur	ther agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Douglas Partners LLC	8551 W. Sunrise Blvd	Add
		Plantation FL 33322	☐ Remove
			Change
			Add
			Remove
			☐ Change
	<del></del>		
			□ Remove
			☐ Change
			Add
			Remove
			Change
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			Remove
			□ Change

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		5.5		<del></del>
Taatis	e date, if other than the date of filing: (option	nal)		
ote: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.			
	rd specifies a delayed effective date, but not an effective time, at 12:01 a. Oth day after the record is filed.	.m. on th	e earl	lier o
The	NOU 15 2017			
The	NOU 15 2017			

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Filing Fee: \$25.00