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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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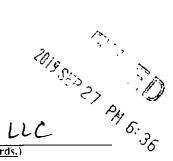
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Shore Heating and 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:
Thomas Oglisby Name of Person
Thishore Heating and Air LLC
90 SKIPPER AVENUE
Fort Walton Brach FL 32547 City/State and Zip Code
Homas - 69/csby 2 @ yahoo . Com E-mail address: (to be used for future ahnual report notification)
For further information concerning this matter, please call:
Thomas Ogles by at (850) 398-1704  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$certificate of Sta

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



Inshore		Air LLC	
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)	٠,
The Articles of Organization for this Limited Liab Florida document number <u>L17000072</u>	ility Company were filed on	3-30-2017	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the des	ignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
	<del>-</del>	, Florida	Zip Code
	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

Type of Action Address Title Title Name AMBK Jacob Oglesby 2282 James Peaden Indignado Baker FL 32531 □ Remove ☐ Change □ Add ☐ Remove \_\_\_\_\_ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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