	Ŋ
L1700007308.	

A

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

100300337561

05/15/17--01008--012 ++25.00

DIVISION OF CORPORATIONS 2011 JUN 15 PM 1: 23

N. CAUSSEAUX

JUN 1 6 2017

COVER LETTER



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>941</u>) <u>544 - X (</u> Area Code Daytime Telepho Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 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

•			
ARTIC	LES OF AMENDMEN	Г	
	то		
ARTICL	ES OF ORGANIZATIO	DN	
	OF		
Frenzin' Air Hec (Name of the Limited Lia (A Flo	Hing and Collin bility Company as it now appears or rida Limited Liability Company)	<u>q</u> <u>L</u> <u>L</u> <u>C</u>	
The Articles of Organization for this Limited Liability	y Company were filed on $\underline{3}$.27-17	and assigned
Florida document number <u>L170000730</u>			2
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l			DIV.S
			2011 ISIO
The new name must be distinguishable and contain the words "I	Limited Liability Company," the desig	nation "LLC" or the abbrevi	ation .C.
Enter new principal offices address, if applicable:			T BRE
(Principal office address MUST BE A STREET AD		<u> </u>	20 TO TO TO
		···· ··· ···	
	<u>, , , , , , , , , , , , , , , , , ,</u>		2 5
Enter new mailing address, if applicable:			F
(Mailing address MAY BE A POST OFFICE BOX)	v a	· · · · · · · · · · · · · · · · · · ·	
(multing uturess (MAT BE A FOST OFFICE BOA)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ir records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Florida .	street address	
		, Florida	
	City	Z	ip 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

Title	Name	Address	<u>Type of Action</u>
MGR	James Smith	3164 California Ter. North Port, FL 34291	X Add
		North Port, FE 34291	Remove
			Change
			D Add
			🛛 Remove
			Change
			HAND SECRETAR
			15 BALEN
- <u>-</u>	·····		
			🗍 Remove
			Change
			D Add
			Remove
			Change
<u> </u>			bbA 🗅
			CRemove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	· .				
	· · · · · · · · · · · · · · · · · · ·		······································		·····
<u></u>			·····		
					0
				<u> </u>	<u> </u>
					UIVISION OF CORPORTIUM
					⊊ of
					T TR
			•••		<u> </u>
					ېرې د ۲
		· · · ·	·		Ť ź
				<u> </u>	
· · · · ·					
······································	·····				
	,,,,				
··					

E. Effective date, if other than the date of filing:

_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUDE 12	. 2017.
Sighature of a	member or authorized representative of a member
James	Smith Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00