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Division of Corporations

Fax Number : (850)617-6383

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Account Name : LEGALZCON.COM INC.

Account Number : 120010000062

Phone

: (323)962-3600 9988-388(333); Fax Uumber

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Help

COVER LETTER

TO: Registration So Division of Cor			
AIR&JLI			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com. Inc.		
		Firm Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	monk 1288@icloud.com	to be used for future annual report notif	in times
For further information of	concerning this matter, please of		
Cheyenne Moseley		800 773-0888 e	xt, 9724
Name (of Person	Area Code Daytins	· Telephone Number
Enclosed is a check for t	he following amount:		
Cl \$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, f4, 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&J LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TO WHOM I MILLION	
The Articles of Organization for this Limited Liability Company	were filed on 04/03/2017 and assigned
Florida document number 1.17000074511	
This amendment is submitted to amend the following:	
-	99
A. If amending name, enter the new name of the limited liab	mty company nere:
The new name must be distinguishable and end with the words *Limited Liab	sility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6600 5th Avenue North
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33710
Enter new mailing address, if applicable:	13049 Poinsettia Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Seminole, FL 33776
(Strating trainess (DAT DL AT OST OFFICE DOA)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>c</u> :
	Enter Florida street achivess
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

Title	Name	Address	Type of Action
			Add
			_ □ Remove
			2011 JUL -7 I
			mo I
			Remove
			□ Remove
			□ Add
			☐ Remove

to: 6600 5th A	Avenue North, St. Petersburg, FL 33710
ffective date, if oth	ber than the date of filing: (optional)
he effective date must b	ber than the date of filing: to specific, cannot be prior to date of receipt or tiled date and cannot be more than 90 days after is filed by the Florida Department of State)
he effective date must be the date this document is	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State).
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