

L17000143761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

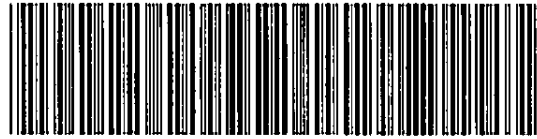
(Business Entity Name)

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JULIA A. SUTHERLAND

AUG 21 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 AIR SOLUTIONS, 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:

Osiris I. Mendez Martinez
Name of Person
A-1 Air Solutions
Firm/Company
849 SW 20th ave,
Address
Okkeedobee, FL, 34974
City/State and Zip Code
shocker707@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Osiris I. Mendez Martinez at (863) 261-1002
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

A-1 AIR SOLUTIONS, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mendez Martinez, Davis I.	849 SW 20 th ave,	<input type="checkbox"/> Add
		Okeechobee, FL, 34974	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Garcia, Damian	605 SE 13 th ave,	<input type="checkbox"/> Add
		Okeechobee, FL, 34974	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Cruz, Jose	1124 SW 8 th st,	<input type="checkbox"/> Add
		Okeechobee, FL, 34974	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1817
APR 18
11:17 AM
FBI
OKEECHOBEE, FL

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

Note: 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 August 14, 2017

Oscar Ruiz Navas
Signature of a member or a

Osiris L. Mendez Martinez
Typed or printed name of signer

FILED
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TALLAHASSEE, FLORIDA