L17000143761

Office Use Only



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2017 AUG 1 8 PH 3: 39

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
gy9 Sw 20th ave,
Okeedrobee FL 34974 City/State and Zip Code
Shocker 707 @ hotmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Osiris J. Mendez Martinez at (863) 261-1002 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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

A-1 AIR SOLUTIONS,	hLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on of Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L \ 7000143761</u>	ompany were filed on	$\sqrt{05/2017}$ and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	1
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)	5. 25	
		77	<u> </u>
		\$ E	**************************************
Enter new mailing address, if applicable:		<i>.</i> 0.25 co	H-1287*
Mailing address MAY BE A POST OFFICE BOX)			
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		္ဆံု မ	
 If amending the registered agent and/or regist registered agent and/or the new registered office addr 			he new
Name of New Registered Agent:			
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida str		
	Emer r tortaa str		
	City	, Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mendez Martinez, Osiris 1.	guasu auth ave.	
		OKeedidae, FL, 34974	□ Remove
			- Change
4MBR	Garcia, Damian	605 SE 13th ave,	Add
		Okeechobee FL, 34974	☐ Remove
			♣ Change
AMBR	Cruz, Jose	1124 Sw gth st,	Add
		Okeedhobee, FL, 34974	□ Remove
			☑ Change
		······································	
			Remove
			☐ Change
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			Add Co
			Remove
			Change

						
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	than the date of filing the date must be specific an	nd cannot be prior to date	e of filing or more than tatutory filing require	(optional) 90 days after filing.) P ements, this date w	ursuant to	605,02 listed #
in effective date is listed, ote: If the date inserte	d in this block does not e on the Department of					
n effective date is listed, ote: If the date inserte cument's effective dat record specifies a		State's records. date, but not an	effective time, a	t 12:01 a.m. or	n the ea	ıdier
n effective date is listed, ote: If the date inserte cument's effective dat record specifies a The 90th day afte	e on the Department of delayed effective the record is filed	State's records. date, but not an			the ea	
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an effective date is listed, ote: If the date inserte scument's effective date record specifies at The 90th day after ated Augus 1	e on the Department of delayed effective the record is filed	State's records. date, but not an i. , 2017 Museus a member or authorized	representative of a mer		TALLAHASSET 11	2017 AUG 1

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Filing Fee: \$25.00