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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:		C Supply LLC				
SOBJECT.	-	Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Karen Sauceda				
	Name of Person					
Discount AC Supply LLC						
Firm/Company						
1335 Bennett Dr. Unit 149					74 28	••
Address						-7
Longwood, FL 32750					2010 AUG -	
		support@discountairsupply	City/State and Zip Code		m-<	
		E-mail address: (to be used for future annual report notific	ation)	STATE LORID	
For further in	nformation c	oncerning this matter, please ca	all:		4.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 1	
Karen Sauce	eda		407 463-7888 at ()			
	Name o	f Person	Area Code Daytime T	Felephone Number		
Enclosed is a	a check for th	ne following amount:				
₩ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

Discount AC Supply LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	
(A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/17/2017	and assigned
Florida document number L17000214312		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Discount Air Supply LLC		•
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		26 5
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Inter new mailing address, if applicable:		52 N
Mailing address MAY BE A POST OFFICE BOX)		S 2 C
numer unit cos mili benti oci ori i reis borg		3
. If amending the registered agent and/or registered of	ffice address on our records, e	nter the name of the n
egistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florid	a
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
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Effective date, if other than the date in the date in the date in the date in this block document's effective date on the Department.	e specific and cannot b k does not meet the	applicable :		than 90 days after			
ne record specifies a delayed of The 90th day after the recor		ut not an	effective tin	ne, at 12:01	a.m. on th	e earl	ier of:
	2018						
Dated	·						
Dated Haren K	Sauceo gnature of a member of	Ca or authorized	representative of	a member			