

L17000248229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

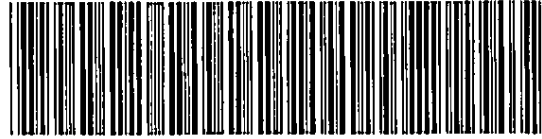
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

The Facts gave permission to
write-out page 2 of 3 on
application. 2/14/2018 3:18pm

Office Use Only



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02/14/18--01010--015 **25.00

FILED
2018 FEB 19 P 3 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2018

IKE FOOTS
2241 S SHERMAN CIR #C311
MIRAMAR, FL 33025

SUBJECT: IF AIRE SERV OF MIRAMAR, LLC
Ref. Number: L17000248229

FILED
2018 FEB 19 P 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for IF AIRE SERV OF MIRAMAR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select type of action on page 2 of 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 818A00003266

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IF AIRESERV OF MIRAMAR,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:

IKE FOOTS

Name of Person

AIRESERVE OF MIRAMAR, LLC

Firm/Company

2241 SOUTH SHERMAN CIRCLE #C311

Address

MIRAMAR, FLA 33025

City/State and Zip Code

bigcountry357@bellsouth.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 FEB 19 P 3 10

FILED

For further information concerning this matter, please call:

IKE FOOTS

786 564-1664
at ()
Area Code Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IF Aireserv of Miramar, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 FEB 19 P 3 19

FILED

The Articles of Organization for this Limited Liability Company were filed on 12/04/2017

Florida document number L17000248229

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AIRESERV OF MIRAMAR, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2241 SOUTH SHERMAN CIRCLE C311

(Principal office address MUST BE A STREET ADDRESS)

MIRAMAR, FLORIDA 33025

Enter new mailing address, if applicable:

2241 South Sherman Circle C311

(Mailing address MAY BE A POST OFFICE BOX)

Miramar, Florida 33025

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

IKE FOOTS

New Registered Office Address:

2241 SOUTH SHERMAN CIRCLE C311

Enter Florida street address

MIRAMAR

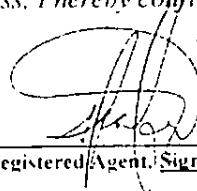
City

Florida 33025

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 2018 FEB 19 PM 3:18
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TALLAHASSEE, FLORIDA

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2018 FEB 19 PM 3:14
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TALLAHASSEE, FLORIDA

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.

Dated 02/08/2018

Signature of a member or authorized representative of a member

IKE FEETS

Typed or printed name of signee