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(Ad	dress)	<del>-</del>
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Fresh Air Ma Name of Limi	ASPENS LLC ted Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	•
	400	y V Shrets	
	,	Name of Person	
	Fresl	Shvets  Name of Person  Air Master  Firm/Company	5 UC
	287/_	Lantana Lake	s Dr S
	- Sacks	City/State and Zip Code	2246
	E-mail address: (t	) / St@gmai/. Co be used for future/annual report notif	ncation)
For further information	concerning this matter, please ca	ıll:	
yuria	Shuets	at ( <u>441</u> ) 416 Area Code Daytim	-8018
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	_		
\$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, 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

(Name of the Limited Liability Compan	y as it now appears on our records )		
(A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v	were filed on <u>05/14/20/8</u> and a	ssigned	
Florida document number <u> </u>	/ /		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation"	L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	<del></del>		
	UN	竪	
	1	목독관	
Enter new mailing address, if applicable:	P. T.		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	- 018 4 810 4 1 8	
	27	200	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		e of the	
	Enter Florida street address		
	, Florida		
	City Zip Code	خز	
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 p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar w rovided for in Chapter 605, F.S. Or, if this doc	ith and cument is	

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Max $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yuriy Shuets	287/ Lantang Lakes	Add
	J	Dr W, Jacksonville FL 32	246 Remove
			Change
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n effective date is listed, ote: If the date inserte	er than the date of filing the date must be specific and ed in this block does not rate on the Department of S	d cannot be prior to da neet the applicable	te of filing or more than statutory filing requir	(optional) 90 days after filing.) Po ements, this date wil	rsuant to 605 I not be liste	5.0207 ed as
	a delayed effective or er the record is filed.		effective time, a	at 12:01 a.m. on	the earli	er o
	20th	. 2018.				
ted May			/ \/ /			
nted May		member or authorized	1 representative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00