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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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AN INCHES OF STATE OF

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COVER LETTER

Division of Cor			
Tampa Du	icts LLC	•	
SUBJECT:	-		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joshua Paul Bertocci		
		Name of Person	
	Tampa Ducts LLC		
		Firm/Company	
	12100 Park Blvd N Apt 2	207	
		Address	<u></u>
	Seminole FL 33772		
	tampaducts@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	teation)
For further information c	oncerning this matter, please c	all:	
Joshua Bertocci		727 431-5578	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

Tampa Ducts LLC		20 HAY
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.)	- Cr
The Articles of Organization for this Limited Liability Company Florida document number	8/21/2010	Signal and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Air Mavericks LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2131 Ridge Rd S APT #108	
(Principal office address MUST BE A STREET ADDRESS)	Largo, FL. 33778	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2131 Ridge Rd S APT #108 Largo, FL, 33778	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	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 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>	Address	Type of Action
AMBR	Daniel Villegas	2131 Ridge Rd S APT #108 Largo FL 33778	= Add
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(If an effe Note:	ve date, if other than the date of filing: (optional) etive 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)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the record record is fil	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 ed.
Dated	05/11 202-0. Signature of a member or authorized representative of a member
	Daniel Villegas
	Typed or printed name of signee

Filing Fee: \$25.00