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(Req	uestor's Name)	
(Adda	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

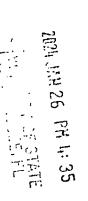
Office Use Only



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3/3/24



COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:	AIR SlOOLLC Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	ASHLEY DOWNING	
	Name of Person AIR 3LW LLC	
	Firm/Company	
	5321 FAIRMUNT ST	
	Address	
	JACKSONVILLE, FL 3220	1
	City/State and Zip Code ADOWNING 1233 EGMAIL (E-mail address: (to be used for future annual report notification	
For further information cond	cerning this matter, please call:	100 JAH 1500
JOSH DO	WNING at 904, 513-	3335
Name of Pe		hone Number R R 35
Enclosed is a check for the t		(
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

AIR 360 LLC			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ay)	
The Articles of Organization for this Limited I		01/15/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		ır records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	JOSH DOWNING		2024 JI
New Registered Office Address:	5321 FAIRMONT STREET		N 12000
	JACKSONVILLE	Florida street address, Florida _	32207 3
New Registered Agent's Signature, if changing	City Registered Agent:		Ti Zip Code

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
MGR	ASHLEY DOWNING	5321 FAIRMONT STREET	
			
		JACKSONVILLE FL 32207	7.0
			■Remove
			□Change
MGR	JOSHUA DOWNING	5321 FAIRMONT STREET	
			⊠ Add
		JACKSONVILLE FL 32207	
			□Remove
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cument's effec	ctive date on the	: Department o	of State's reco	ırds.					^լ ։ 35	•
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is filed.	a delayed effec	nive date, but i	ioi an effectiv	ze time, at 12	:01 a.m. on t	ne carner of	:(b) in	e 90th (пау анег	rtne
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