Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@ACTIVATEMYLICENSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AIR REPAIR LLC

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

Help

Fax: 18139325244

COVER LETTER

Fax: (850) 617-6383

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TO: Registration Sec Division of Corp					
SUBJECT: AIR REPA	AIR LLC				
SUBJECT: //// //CET	Name of Limit	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
	ANDREA SPAS				
		Name of Person			
	CONTRACTORS RE		VICE INC		+3
		Firm/Company			<u>ئ</u> نام
	13795 N NEBRASK				~) ~>
		Address			<u></u>
	TAMPA, FL 33613				SET 21 BYH: 18
		City/State and Zip Co	de		
	info@activatemylicer E-mail address: (t	o be used for future annu	ual report notificat	tion)	
For further information co	oncerning this matter, please ca	111:			
ANDREA SPAS		813	932-5244		
Name of	Person	Area Code	Daytime To	elephone Number	
Control to a straightfound	a Callening amount				
Enclosed is a check for the		□ \$55.00 £iliaa E	an S	☐ S60.00 Filing	Fee
☐ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		Certificate of Certified Cop (additional copy	Status &
Mailing Address Registration S	<u>s:</u> Section		<u>t Address:</u> stration Section	วท	
Division of Co		Divis	sion of Corpo	rations	
P.O. Box 632	7	The	Centre of Tall	lahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Andrea Spas

Fax: 18139325244

Tai

Fax: (850) 617-6383

Page: 4 of 6

09/21/2020 3:28 PM

(((H20000328725 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIR REPAIR LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000047672</u>	were filed on 2/10/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
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	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.

From: Andrea Spas Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 5 of 6 09/21/2020 3:28 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H20000328725 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SEAN A HICKS	1521 LYNWOOD AVE	≣∧dd
		FORT MYERS, FL 33901	□Remove
			Change
			□Add
			□ Remove
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			□Add
			□ Remove
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			□Add
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			Change
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If the record 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 record is filed.

document's effective date on the Department of State's records.

<i>f</i> i Dated	Septem	ber 18				2020	n GR							سوء: زرج ک
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