L21000224840

(Pc	equestor's Name	·····
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(Ac	ldress)	
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(Ci	ty/State/Zip/Pho	ne #)
PICK-UP		MAIL
(Bu	isiness Entity Na	ame)
	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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	Office Use C	only
A. RIVER	15	
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COVER LETTER

TO:	-	gistration Section rision of Corporations	-		*		•				•	
SUBJE	CT:	Fresh Spring Air LLC						e ^{re}	٠	*		9 1
			Nan	ne of Limite	ed Liability	y Compa	ny					

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

	Luz D rios					
Name of Person						
Fres Spring Air						
	Firm/Company 5034 cicero dr					
		Address				
	FL 34652					
	<u> </u>	City/State and Zip Code				
	fspringair.com					
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please c	all:				
Luz Rios		813 5060359 at ()				
Name	of Person		e Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810			

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fresh Spring Air LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000224840</u>	ompany were filed on 8:00 AM May 14, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 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
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<u>Title</u>	Name	Address	Type of Action
p	LUZ RIOS		🗆 Add
		5034 CICERO CR NEW PORT RICHEY, FL, 34652	2
			Change
MGR	LUZ RIOS	5034 CICERO DR NEW PORT RICHEY, FL. 3465	2 Add
			🗆 Remove
			🖾 Change
			🗆 Add
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			Remove
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			🗆 Add
-			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated Octtober 18	2021	
	Juz Dary Zios D	
	Signature of a member or authorized representative of a member	
Luz Rios		
	Typed or printed name of signee	
