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SECRETARY OF STATE
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COVER LETTER

TO: Registration Se Division of Cor	norations	Λ	,
SUBJECT: Air	RADING Name of Lim	Appliances ited Liability Joshpany	Services LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tose	Augel tome	25
		Firm/Company	
	1230 NW	8 th 5 t # 20	/
	FORT LAU	City/State and Zip Code	33311
	Qir. Oppliax E-thail address: (es (a) 6 mail. Cl to be used for future annual report notif	om lication)
	concerning this matter, please experiences	all: at (<u>786)</u> <u>439-</u> Area Code Daytime	- 4079 e Telephone Number
Enclosed is a check for the	he 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 ED

TO ARTICLES OF ORGANIZAMAN 7: 12

Air Cleaving of A	SECRETARY OF STATE A D PLANTAGES LC SERVICES SENVICES LC
(Name of the Limited Liability Compan (A Florida Limited Li	y as ft now appears on our records,) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on TAWARY 24 / 2022 and assigned
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 Liabilit	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)	1230 NW 8th St #201 FORT LAUDENCIALE FLORIDA 33311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1230 NW 8 th ST # 201 FORT LANGUADLE FLA - 33311
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
new registered Agent's Signature, it changing Registered Agent.	

N

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
Authorized Member

<u>Title</u>	Name	Address	Type of Action
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an effective date is li ote: If the date in	other than the date sted, the date must be s serted in this block of e date on the Depart	pecific and can loes not meet	not be prior to date o the applicable stat		re than 90 days at		
record specifies a (delayed effective dat	e, but not an	effective time, at 1	2:01 a.m. o	n the earlier of:	(b) The 9	Oth day after the
nted <u>JA</u>	1ch/8/20	012.	· ·				
		ature of a men	ber or authorized rep	resentative	of a member		
		Trec	AwgoL ped or primed name	4	1105		

Filing Fee: \$25.00