1110000 10866

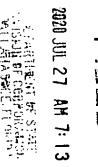
(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
ocitines sopies
Special Instructions to Filing Officer:

Office Use Only



300349048773

07/27/20--01068--026 *+25.00



SEP 1 6 2020 S. YOUNG

Division of Corporations			
SUBJECT:	Air Solution	ns & Equipm	ent LLC
	Name of the	ince intomy company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	B	ILLY FRANCO Name of Person	
		Firm/Company	
	8440	NW 6157 STT	LEET_
	Mi	AMI FLORING City/State and Zip Code	A 33166
	BFRA E-mail address:	100 AIR - EQU (to be used for future annual report notifi	UIPMENTS. COM
For further information	concerning this matter, please	call:	
Tolisse	Jimene7	at (305) 33 (Area Code Daytime	8 - 65 7-9 e Telephone Number
Enclosed is a check for	the 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 Addr Registration		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $01/26/2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDR</i>)	FCC) :: 23
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, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	BRICKELL AVE # 1550
Hi	AMI , Florida 33131 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Address** Title Name change to -D this address please FLORIDA 33166 (Change □Add □Remove ____ Change □Remove _____ □Change __ □Remove

□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
'an effecti <u>lote:</u> If t	date, if other than the date of filing:
record s _i I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	07/11/20 MPAMP
	- Balling
	Signature of a member or authorized representative of a member
	51114 TRANCO