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COVER LETTER

Division of Cor	poration's	•	*
subject: Scōt	t Williams AIR CO	UDMANING LLC.	
		ed Liability Company	
	Amendment and fee(s) are subr	-	
Please return all correspo	ondence concerning this matter t	o the following:	
	JAMES	, SCOTT WILLIAMS Name of Person	
	A.G.N	AIR, LLC Firm/Company	
	649 DOE COVE	E PLACE Address	TILED PH 3: 40 THE PHONE PHONE THE PHONE
	APOPKA, FL	· 32703 City/State and Zip Code	
		DE AGNAIR . COM be used for future annual report notificati	on)
For further information of	concerning this matter, please ca	II :	^
	Scott Williams of Person	at (407) 463 0019 Area Code & Daytime Te	lephone Number
Enclosed is a check for t	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

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCOTT WILLIAMS ALY	2 CONDITIONING LLC
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on SEPT. 7, 2011 and assigned
Florida document number <u>L11000102775</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
A.G.N. AIR, LLC The new name must be distinguishable and end with the words "Lim	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	PR 30
	SO D
Enter new mailing address, if applicable:	一
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
	City Zip Code
N. D. St. A. J. A. St. Oliverton of the Company of American	4-

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Sanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
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