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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
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2012 MAR 26 PM 4: 19
SECRETARSEE. FLORID

J. BRYAN
MAR 2 7 2012
EXAMINER

COVER LETTER

TO: Registration Solivision of Con				
SUBJECT: Air Qu		ality Pro, LLC		
-	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	r to the following:		
		Oren Perlman		- -
		Name of Person		\$ 5 M
Air Quality Pro			强多一	
		Firm/Company		影る面
6225 Westgate Dr. #704			FILED PH 4: 19 MIZMAR 26 PH 4: 19 SECRETARY OF STATE FLORIDE	
		Address		Els F.
		Orlando, FL 32835		RIDA
		City/State and Zip Code		•
		irquality1@gmail.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	concerning this matter, please of	call:		
Or	ren Perlman	at (818)	744-4645	
Name o	of Person	Area Code & Daytir	me Telephone Numbe	er
••				
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	ate of Status &

MAILING ADDRESS:

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

	Air Quality Pro, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)	
,			
The Articles of Organization for this Limited Li	ability Company were filed on	March 19, 2012	and assigned
Florida document numberL12000013	9973		
This amendment is submitted to amend the follo	owing:	헏	SECRETARY 26
A. If amending name, <u>enter the new name of</u>	f the limited liability company ho	ere:	湯湯い
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	pany," the designation "L	Lonor the aboreviation
Enter new principal offices address, if applic.	able:		9E 10
(Principal office address MUST BE A STREE	T ADDRESS)		DE .
Enter new mailing address, if applicable:			
	DAY		
(Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or the new registered of	· ·	our records, enter th	ne name of the new
Name of New Registered Agent:	Oren Perlman		
New Registered Office Address:	6225 Westgate Dr. #704		
	E	nter Florida street addr	ess
	Orlando	, Florida	32835
	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 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 = Managing Member Title **Address** Type of Action Name | Jannette Vega MGRM 6225 Westgate Dr. ☐ Add ✓ Remove #704 Orlando, FL 32835 ☐ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Up-dated info. should be*Article II - 6225 Westgate Dr. #704, Orlando FI 32835 Article IV- Remove Christian Rodriguez as Registered Agent. Removal of address 7650 Haven Ford Court, Orlando, FL 32818 Confirming removel of any and all info of Christian Rodriguez Thank you for your time. Remove christianrodriguez@ymail.com March 19, 2012 Dated Signature of a member or authorized representative of a member Oren Perlman

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee