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www.greenairgroup.com O: 850-608-3065 F: 850-608-3066



CMC1250426 902 E Hwy 20, Ste 104A Freeport, FL 32439

The Green Air Group, LLC 902 E Hwy 20, Ste 104A

850-608-3065

Freeport, FL 32439



COVER LETTER

Division o	of Corporations					
TID ID OOD	Green Air Group, LLC					
Name of Limited Liability Company						
he enclosed Articl	les of Amendment and fee(s) are submitted for filing.					
lease return all cor	rrespondence concerning this matter to the following:					
	Jonathan M Green					
	Name of Person					
	The Green Air Group, LLC					
	Firm/Company					
	902 Highway 20 East, Suite 104A					
	Address					
	Freeport, FL 32439					
	City/State and Zip Code					
	Jgreen@greenairgroup.com					
	E-mail address: (to be used for future annual report notification)					
or further information	ation concerning this matter, please call:					
Mike Fell	850 368-0034 at ()					
N	Jame of Person Area Code Daytime Telephone Number					
Enclosed is a check	s for the following amount:					
□ \$25.00 Filing F	Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy				
•	AAH ING ADDRESS. STREET/GOURIED ADDRESS.					

MAILING ADDRESS:

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

The Green Air Group, LLC		
(Name of the Limit	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited L	iability Company were filed on 12/18/20	and assigned
lorida document number L14000192974NA		
his amendment is submitted to amend the follow	owing:	
a. If amending name, enter the new name of	f the limited liability company here:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designa	tion "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
3. If amending the registered agent and		records, enter the name of the n
egistered agent and/or the new registered of	lice address here:	
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida str	eet 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 Changing Registered Agent, Signature of New Registered Agent

9

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	Jonathan M Green	902 Highway 20 East Suite 104A	
		Freeport, FL 32439	□ Remove
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			Remove
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