L15000050140

(Requestor's Name)
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TO:	Registration Se Division of Cor			,			
e110 112	JC CLEAN AIR & MORE LLC						
SUBJEC	<u>.</u>	Name of Lim	ited Liability Company	. <u> </u>			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspe	ondence concerning this matter	to the following:				
		CARMEN I. SILVA					
			Name of Person				
		SCRIBE ACCOUNTING	SERVICES INC.				
			Firm Company				
		3950 SOUTHPOINTE DR	. UNIT 407				
			Address				
			City/State and Zip Code				
		scribeaccountingservices@live.com E-mail address: (to be used for future annual report notification)					
For firet	ver intormation e	concerning this matter, please c		of the state of			
		oncerning this matter, prease e					
CARMI	EN L SILVA		321 594-0450 at ()				
	Name c	of Person	Area Code Dayı	time Telephone Number			
Enclosed	d 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)	L) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration		Street Address: Registration S				
	Division of C		Division of C				

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC CLEAN AIR AND MORE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/19/2015 Florida document number [L15000050140] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRIME AIR SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: SAME Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

_. Florida ___

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>	Address	Type of Action
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an effec <u>ote:</u> If	e date, if other than the date of filing: November 30,2020 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prior the date inserted in this block does not meet the applicable statutory filing requirements, this date with a content of State's records.	ursuant to 60 Il not be lis	tu
is filed		00th day afte	er I
	November 30, 2020 Aux E Calon Signature of a member or authorized representative of a member		
ica			
nea	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00