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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

**Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please. **

Email Address: amanda.price.ac@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTEGRITY AIR CONDITIONING AND HEATING, L.L.C.

| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INTEGRITY AIR CONDITIONING AND | HEATING L.L.C. | | | |
|--|---|-------------------------------|-----------------------|--|
| (Nume of the Limited Liab (A Fiori | ility Company as it now app da Limited Liability Company | ears on our records.) | | |
| The Articles of Organization for this Limited Liability | Company were filed on | FEBRUARY 3, 2016 | and assigned | |
| Florida document numberL16000021302 | · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the li | mited liability company | here: | | |
| OSPREY AIR LLC | | | | |
| The new name must be distinguishable and contain the words [L. | imited Liability Company,Cth | e designation ELLCCor the abb | reviation (L.L.C.) | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADI | ORESS) | | | |
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| | - | | 2020 | |
| Enter new mailing address, if applicable: | | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · | | |
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| | | | → | |
| B. If amending the registered agent and/or register | | r records, enter the name | of the new registered | |
| agent and/or the new registered office address here | : | | | |
| | | . • | 2 | |
| Name of New Registered Agent: | | ····· | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| <u></u> | | , Florida | - <u></u> | |
| | Ciţ | | Zip Code | |

New Registered Agent 3 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

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> | Name | Address | Type of Action |
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| ote: | (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as entil effective date on the Department of State records. |
| recor- | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| ated | SEPTEMBER 14 , 2020 |
| | adam Larson |
| | Signature of a member or authorized representative of a member |
| | ADAM LARSON |
| | Typed or printed name of signee |