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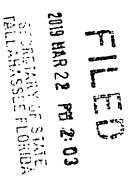
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Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations Air Force Mechanical LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard A. Fout Name of Person Air Force Mechanical LLC Firm/Company 3991 Little Creek Dr. Address Fort Myers, FL 33905 City/State and Zip Code Rick@ForYourAir.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rick Fout 740 272-3080 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

Air Force Mechanical LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on05/17/2018	and assigned
Florida document number L18000124450		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
AIR EXPRESS HVAC LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		100
		720 7
		(S) 22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		100 PO 100
		<u> </u>
		,
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the n
egistered agent and/or the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flor	ida
	, 1' tVt	144

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

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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Filing Fee: \$25.00