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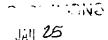
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COVER LETTER

TO:	Registration Sec Division of Corp			
SURII	XPERT AIF	R DUCT SYSTEMS LLC		
	,e <u></u>	Name of Limi	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		BRENDA CHAMBERS		
		CHAMBERS & ASSOCIA	Name of Person VTES	
		603 N. FERDON BLVD.	Firm√Company	
		CRESTVIEW, FL 32536	Address	
		BRENDA@CA-CRESTVIE	City/State and Zip Code EW.COM	
		E-mail address: (t	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	ill:	
BREN	DA CHAMBERS		850 398-8088 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

XPERT AIR DUCT SYSTEMS LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 07/19/2018	and assigned
forida document number L18000174697	·	,
his amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the lin</u>	nited liability company here:	5
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation	"LLC" or the abbreviation "LLC."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		- 4
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or regi egistered agent and/or the new registered office ad-		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	iddress
		_, Florida
	Cuy	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

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
MBR	PABLO I PORTUGAL	4493 WOLF TRACK RIDGE	5 1.11.
		CRESTVIEW, FL 32539	■ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			B Child
			□ Add
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E. Effective date, if other than the (If an effective date is listed, the date mu	e date of filing:	(optional) Tilling or more than 90 days after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in this b document's effective date on the E	dock does not meet the applicable statt	story filing requirements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the rec		fective time, at 12:01 a.m. on the earlier of:
Dated	2019	
	Signature of a member or authorized rep	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00