

L9000067717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

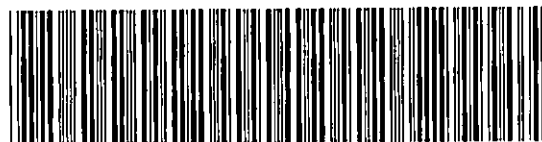
(Business Entity Name)

(Document Number)

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04/05/23--01009--022 **5.00

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2023 APR -5 PM 1:44
CLERK OF COURT
JUDICIAL CIRCUIT IN
FLORIDA

A BUTLER

APR - 5 2023

2023 APR -5 PM 1:44

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: ULTRA AIR Solution LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Return all correspondence concerning this matter to the following:

Hobain Foster
Name of Person

Firm/Company

1313 Virginia Ave
Address

Lynn Haven FL 32444
City, State and Zip Code

Tootman@gmail.com
E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

Hobain Foster at () 850 867 1348
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 APR -5 PM 1:50

EXTRA HAND SOLUTION 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 03/09/2019 and assigned
Florida document number L19000067717.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ULTRA AIR SOLUTION LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

R = Manager

BR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee