

**LP000195893**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AKS COMPANY LLC

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2022 APR 29 PM 2:14  
STATE OF FLORIDA  
ALLAHSSFC, FLORIDA

2022 APR 29 11:15

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T. LEMIEUX

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
AKS COMPANY LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 07/31/2019 and assigned Florida document number: L19000195893  
EIN 32-0607641

Article I

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

**HVAC PRO SOLUTION LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

**3065 DANIELS ROAD, #1142, WINTER GARDEN, FL 34787**

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

**3065 DANIELS ROAD, #1142, WINTER GARDEN, FL 34787**

Article IV

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:

**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. 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.

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If changing Registered Agent, Registration of New Registered Agent

If amending Authorized Person(s) authorized to manage, control the office, name, and address of each person being added or removed from the records

IACR's Manager AMBA's Authorized Member

Yr	Name	Address	Type of Action
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C. If recording any other information, enter (disregard) here: I have no additional information to record.

D. Effective date, if other than the date of filing (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: April 29, 2022

  
 FERNANDO AUGUSTO KELLER SILVA  
 MANAGER