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COVER LETTER

TO: **Registration Section Division of Corporations** Patriot Air Quality Assessors, 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: Sandra Joran Name of Person Firm/Company 2423 Quantum Blvd Address Boynton Beach FL, 33426 City/State and Zip Code sandy@patriotdisaster.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 849-4950 Sandra Joran Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee. **\$55.00** Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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were filed on		
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ity Company," the designation "LLC	2" or the abbreviation "L.L.C."	
2423 Quantum Blvd		
Boynton Beach, FL 33426		
2423 Quantum Blvd Boynton Beach, FL 33426		
nddress on our records, <u>enter</u>	the name of the new regis	
Enter Florida street addre:	558	
, F1	lorida Zip Code	
	ility company here: ity Company," the designation "LLC 2423 Quantum Blvd Boynton Beach, FL 33426 2423 Quantum Blvd Boynton Beach, FL 33426	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Perry Dotson	3706 US HWY 19 NEW PORT RICHEY, FL 34652	□ Add
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ffective date, if other than the date in effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	k does not meet the appl	icable statutory filing i	(optional) than 90 days after filing.) Purequirements, this date wil	rsuant to 605,0207 I not be listed as
record specifies a delayed effective of is filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90	Oth day after the
December 16	2021			
Dated	,	<u> </u>		
Jan.	gnature of a rember or aut	1		