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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AireMasters Cooling + Heating LLC 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:
Henry L. Aaron III Name of Person
Aire Masters Cooling + Heating LLC Firm/company
2530 Heath Court
Kissimmee, FL 34744 City/State and Zip Code HEAAR 9@ attacher E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Henry L. Agron III at (386) 546-0096 Name of Person at (386) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCertified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

\(/	A Florida Limited Li	ability Com	oany)	<u></u> ,	
The Articles of Organization for this Limited Lia Florida document number $\perp 200003$		vere filed o	on 1-24	-2030	and assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	the limited liabil	ity compa	ny here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	у Сотрапу,	"the designation	n "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:				~1
(Principal office address MUST BE A STREET	ADDRESS)			 	79105
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>				=
					6
B. If amending the registered agent and/or reagent and/or the new registered office address	u.r	ddress on	our records,	enter the nan	ne of the new registered
Name of New Registered Agent:	Henry	h.	taron	II	<u>-</u>
New Registered Office Address:	2530 H	eath	Court er Florida street	address	
	Kissimn	nee City		Florida <u></u>	3 47 44 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>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	Henry L. Aaron II	2530 Heath Court	□Add
		Kissimmee, FL 34744	□Remove
			(Change
4 MBR	Kendrick T. Agron	218 Redbud Lane	□Add
		218 Redbud Lane Palatka, FL 32177	□Remove
			@Change
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record splis filed.		Tective date, but no	ot an effective time	a, at 12:01 a.m. on the	earlier of: (b) The 90	Oth day after the
ated	12-1-20	20				
	No R	Signature of a		ed representative of a n	nember	
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