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COVER LETTER

	gistration Section ision of Corporations	
SUBJECT:	Assessors LLC Name of Limited Liability Company	
	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:	
	Kyle Wallace Name of Person	
	Assured Air Assessors LLC Firm/Company	
	93 Venction Way	
	Sugarloaf Key, FL 33042 City/State and Zip Code AAA Mod LL C@ amail. com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further in	nformation concerning this matter, please call:	
<u>Kyle</u>	Name of Person at (305) 879 - 6483 Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
□ \$25.00 Fi	iling Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \Bigcup	

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 ARTICLES OF ORGANIZATION **OF**

λ \ λ.	A a	1)(Ź	2: ()
(Name of the Limited	Assesso d Liability Compan A Florida Limited Li	y as it now appears on ability Company)		
The Articles of Organization for this Limited Liab			,	and assigned
Florida document number <u>L20000898</u>				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	ty Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(OX)			
B. If amending the registered agent and/or registered agent and/or the new registered offi	-		ır records. <u>ente</u> ı	the name of the nev
Name of New Registered Agent:				
New Registered Office Address:	-	Enter Florida :	street address	
		Cuy	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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
MGR	Joseph K May	19525 Date Palm Dr	🗗 Add
		Sugarloaf, FL 33042	Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change

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(If an e	effective date, if other than the date of filing:
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d 6/25/20
	1 Signature of a member or authorized representative of a member Nyl 2 Wallace
	Hyle Wallace Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00