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(Do	cument Number)	
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2025 FEB - 6 AM 9: 34 SECRULANT OF SIMIE

S. ROBERTS
MAR 1 2 2025

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lionnaire Indoor	f Limited Liability Company	
The enclosed Articles of Amendment and fee(s) an	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
<u>Ja</u>	Mes Galvez Name of Person	
Lionnaire	Indox Civ quality Firm/Company	LLC
<u>8804</u> NW	1794 LN Address	
Hiakah	FL 33018 City/State and Zip Code	
	ress: (to be used for future annual report notif	
For further information concerning this matter, plea	ase call:	
James Galvez Name of Person	at (<u>7 &6</u>) <u>&2 3</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee & San San State San	\$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:	Street Address:	tion

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Lionnaire indoor air qualit	ry CCC
(Name of the Limited Liability Comp. (A Florida Limited	nany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $12/14/2020$ and assigned
Florida document number <u>420000 389 092</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Titan Air Pros LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	TEC 25
	- 6 F
Enter new mailing address, if applicable:	SSS
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Remove
			□Change
			ПRетюче
			□Remove
			Change
			□Remove
			□Change

(If an e	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	Signature of a member or authorized representative of a member
	2
	Signature of a member or authorized representative of a member James Golvez Typed or printed name of signee