121000112811

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: Crave Permission to Add Hane 458/9/21					

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June 25, 2021

JOSHUA B. PECK 855 US 41 BYPASS SOUTH VENICE, FL 34285

SUBJECT: INDOOR HOME AIR QUALITY LLC

Ref. Number: L21000112811

We have received your document for INDOOR HOME AIR QUALITY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 121A00014499

RECEIVED
JUL 1 4 2021

COVER LETTER

	egistration Se ivisio ns f Cor						
	Indoor Hor	ne Air Quality LLC					
SUBJECT							
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retui	m all correspo	ondence concerning this matter	to the following:				
		Joshua B Peck					
		Indoor Home Air Quality	Name of Person LLC	· · · · · · · · · · · · · · · · · · ·			
	Firm/Company						
		855 US 41 Bypass South			S)	207	
		Venice, FL 34285	Address		CRETAR ALLAII	21 AUG 10	
	City/State and Zip Code indoorhaq@gmail.com						
For further	information c		·	cation)	FL	: 06	
Joshua B P			941 224-3647				
	Name o	f Person		Telephone Nurr	nber	-	
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing Folicate of Sied Copy onal copy is	tatus &	
Joshua B P	Name o	E-mail address: (oncerning this matter, please of Person the following amount:	to be used for future annual report notifiall: 941 224-3647 at () Area Code Daytime \$55.00 Filing Fee & Certified Copy	Telephone Num \$60.00 Centif Certif) Filing Fo ficate of S fied Copy	tatus &	S.

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

Indoor Home Air Quality LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida _ Cirv

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>	Name	Address	Type of Action
· · ·			□Add
			
			☐ Change
		<u> </u>	□Add
		4-8-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	□Remove
			2021 AUG 1 SECRETAR TALLAL
			2021 AUG 10 PH 4: 06 SECHETARY OF STATE TALLAHASSEE. FL
			Change
			□Add
			□ Remove
			☐ Change
			□ Add
	•		□ Change
			□Add
			□Remove
			□Change

Typed or printed name of signee