## 121000216632

(Requestor's Name)				
(Addı	ress)			
(Addı	ress)			
(City/	State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(0	C			
(Busi	ness Entity Nar	ne)		
(Doci	ument Number)			
Certified Copies	Certificates	of Status		
Consist Instructions to El	Can Officer			
Special Instructions to Fi	iing Omcer.			

Office Use Only



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O. BRUCE OCT 23 2021

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Divi	ision of Cor	porations		•
CHD HEZYE.	Air Solutio	n Express		
SUBJECT:		Name of Lin	nited Liability Company	'
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		ROY MALUL		
			Name of Person	
			Firm/Company	_
5601 COLLINS AVE SUITE 1022				
			Address	
		MIAMI FL 33140		
		MALULROY@GMAIL.C	City/State and Zip Code OM	2021 SEC
For further in	formation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification)	2021 OCT 13 AM 8: 02 SECHETARE OF STATE TALLAHASSER, FL
ROY MALU			305 7738783	TARKS OF
	Name of	f Person	at () Area Code Daytime Telephone Nu	mber 707 8: 02
Enclosed is a	check for th	ne following amount:		·
□ \$25.00 F	iling Fec	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Section orporations	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

AIR SOLUTION EXPRESS		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
he Articles of Organization for this Limited Liability Comporida document number L21000216632	pany were filed on MAY 10 2021	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.IC."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
		021 OCT 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROY MALUI.	5601 COLLINS AVE MIAMI FL 33140	□Add
			<b>≡</b> Remove
		<del>-</del>	□Change
			□Add
			□Remove
			Change
			□Add
			Remove 7021 OChange 13
			GAdd CORemove
			🗆 Change
<del></del>			□Add
			□Remove
			□Add
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