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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Air Solutions Plus 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:
Carlos Ruiz Name of Person Arr Salutions Plus U.C.
Firm/Company  Address
City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 754 779 3201  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Mailing Address:
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

( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it no Limited Liability Co	w appears on our ompany)	records.)				
The Articles of Organization for this Limited Liability C Florida document number \Z100624832	company were file	l-	27/20	<u> 21</u> a	ınd assi	gned	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limi	ited liability com	pany here:					
The new name must be distinguishable and contain the words "Lim	ited Liability Compa	ny," the designation	"LLC" or th	e abbrevia	tion "L.L	C."	
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDR	(ESS)						
Enter new mailing address, if applicable:		<del></del>			2121 JUL		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			( )	8	:	
				7	PH 1: 2		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address o	on our records,	enter the n	iame of t	he <b>new</b>	registered	
Name of New Registered Agent:							
New Registered Office Address:		Enter Florida street	address			<del></del>	
	, Florida						
	City	<u>-</u>	, 1 1011114		Code		
New Registered Agent's Signature if changing Registered	d Agent:						

### 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 Type of Action **Address** Name Title MGR Katia Maisonet Perez 9714 NW 35th Oval Springs F1 33065 DREMOVE □Change MGR Carlos Ruiz 8714 NM 35m Coral Springs Fl 33005 | Remove □Change E Remove D Change DbA [5] Remove ☐ Change □Add Remove ☐ Change  $\square$ Add □Remove

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