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SECRETARY OF STATE
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COVER LETTER

TO:

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SUBJECT:		SOLOTIONS LLC				
SOBJECT.		Name of Lin	nited Liability Company		-	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please returi	n all correspo	ondence concerning this matter	to the following:			
		CARLOS ZAYAS				
			Name of Person		_	
			Firm/Company	<u></u>	2021 SECT	cario
		11256 SW 247 TER			ILL 2	_
		HOMESTEAD/ FI, 33032	Address		2021 JUL 26 PH 2: 03 SECRETARY OF STATE TALLAHASSEE, FL	
		CARLOSZAYASB@GMA	City/State and Zip Code		2: 03 STATE E, FL	•
For further is	nformation e	E-mail address: (oncerning this matter, please ea	to be used for future annual report notif all:	ication)		
CARLOS Z		2 ,	786 307 9105 at ()			
	Name o	f Person		: Telephone Numb	er	
Enclosed is a	a check for th	ne following amount:				
\$25.00 1	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	rate of Status &	
Reg	iling Address gistration S vision of Co		Street Address: Registration Sec Division of Corp			
P.C). Box 632 lahassee, F	7	The Centre of T 2415 N. Monroe	allahassee	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLZ AIR SOLOTIONS 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 07/21/2021 ____ and assigned Florida document number <u>L21000331367</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CLZ AIR SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the appreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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