Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000019836 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jamesschneider1016@gmail.com

THE THE STATE OF TALL STATES INVISIONS TALL STATES TAL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERIOR CLEAN AIR SOLUTIONS LLC

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K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H24000019836

SUPERIOR CLEAN AIR SOLUTIONS LLC

OF E							
SUPERIOR CLEAN AIR SOLUTIONS LLC							
OF ENIOR CLEAR AIR SOCIONOS ECO							
SUPERIOR CLEAN AIR SOLUTIONS 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 09/07/2021 and assigned.							
The Articles of Organization for this Limited Liability Company were filed on 09/07/2021 and assigned.							
Florida document numberL21000397681							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
CLEAN AIR HEATING AND AIR CONDITIONING LLC							
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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:							
Traine of New Registered regent.							
New Registered Office Address: Enter Florida street address							
, Florida							
City Zip Code							
New Registered Agent's Signature, if changing Registered Agent:							
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

Page 1 of 3

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H24000019836

AMBR = A	AMBR = Authorized Member						
<u>Title</u>	Name	Address	Type of Action				
			☐ Add				
			_ □ Remove				
			□ Add				
			Remove Add				
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If amending any or	ther information, e	nter change(s) here: (Attach add	litional sheets, if necessary	v.)
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The effective date must	her than the date of the specific, cannot be pri- is filed by the Florida De	f filing: or to date of receipt or filed date and canr partment of State)	(optional) tot be more than 90 days after	
Januar:	y 15,	2024		
Daicti	olC	1		
	Signatu	re of a member or authorized representa	rive of a member	
		James N. Schneider		
		Typed or printed name of signer		

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