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(Re	equestor's Name)	
(Ac	ddress)	
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

ıO:

	Air Assessors LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher D Conley		
		Name of Person	
		Firm/Company	
	1541 Elf Stone Drive		
		Address	
	Casselberry FL 32707		
		City/State and Zip Code	2
	cconley9@gmail.com		TA TA
-	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	2021 DEC -2  SEC (A. A. A
Christopher D Conley		407 401-3081 at ()	
Name o	f Person	Area Code Daytin	Telephone Number (7)
Enclosed is a check for the	he 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	wtion
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	-
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advances Air Assessors LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000499481</u> .	were filed on 11/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Advanced Air Assessors LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	eddress on our records, <u>en</u>	
	City	, <b>Florida</b> Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ffective date, if oth	er than the date of	filing: 11/29/2021		(optional)	
an effective date is liste	d, the date must be speci	fic and cannot be prior t	o date of filing or more to ble statutory filing rec	nan 90 days after filing.) Pu juirements, this date wil	rsuant to 605,0207
ocument's effective	date on the Departmen	nt of State's records.	g.	,	
record specifies a de l is filed.	layed effective date, be	ut not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after the
pated November	- 29	1505.			
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Typed or printed name of signee