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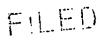


## **COVER LETTER**

TO:	Registration So Division of Cor			
SUBJE	CCT:	KLEA	NON AIR LLC	
, Barre		Name of Lin	nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
			/ILORD METELLUS	
			Name of Person	
		k	CLEANON AIR LLC	
			Firm/Company	
		9314 FO	REST HILL BVLD, STE	: 692
			Address	
		WE	LLINGTON, FL 33411	
			City/State and Zip Code	
		К	ONAIR@ GMAIL COM	
For furt	her information c	E-mail address: ( concerning this matter, please c	to be used for future annua	report notification)
		METELLUS	at ( <u>561</u> )	781 - 1977
	Name o	l'Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
	Mailing Addres Registration S		Street A Registr	<u>ddress:</u> ation Section
	Division of C	orporations	•	on of Corporations
	P.O. Box 632			entre of Tallahassee
	Tallahassee, I	::L 52514	2415 N	l. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KLEANON	AIR LLC	2025 HAY 28	AM 8: 12
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)		5 X
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	01 /14 /2022	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	2944 SHAUC	HNESSY DR. WELL	INGTON, FL 33414
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BON</u>	9314 FOREST HILL	BLVD, STE 692, WELLI	NGTON, FL33411
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our rec	cords, <u>enter the na</u>	nme of the new regis
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Enter Floria	la street address	
	.,	Florida	
	City	i wilua _	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PR / DIR	WILORD METELLUS	2944 SHAUGHNESSY DR. WELLINGTON, FL.33414	■Add
			□Remove
			□Change
MBR.	TEM Harbor LLC	30 N Gould St Ste 8890 Sheridan, WY 82801	□Add
			<b>≘</b> Remove
			□Change
			□Add
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ote: If the d	e, if other than the date ate is listed, the date must be sp ate inserted in this block do fective date on the Departn	oes not meet the applica	to date of filing or more the	(optional han 90 days after filing puirements, this date	.) Pursuant to 605.0207 will not be listed as
record specif is filed.	ies a delayed effective date	, but not an effective ti	ne, at 12:01 a.m. on th	e earlier of: (b) T	ne 90th day after the
ated	APRIL 30	. 2025	_ ·		
	e:	WILORD N			