L2200005046L

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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T. MATTHEWS MAR - 4 2022

COVER LETTER

то:	Registration Se			•	,
	Division of Cor	rporations	4	•	•
SUBJ	4 American I ECT:	nternational Resource Technol	ogies LLC	-	
5000		Name of Lim	ited Liability Company		
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Ahren Davis			
			Name of Person		
		American International Re	source Technologies LLC		
			Firm/Company		
		11125 Park Bld 104-175			
			Address		
		Seminole FL 33772			
			City/State and Zip Code		
		AHREN@airtechnologies.	org to be used for future annual repe	out notitioation)	
Γ "	.1			ore notification)	
ror iu	rther information c	concerning this matter, please c	air:		
Ahren	ı Davis		727 240-70 at ()	016	
	Name o	r Person	Area Code I	Daytime Teleph	one Number
Enclos	sed is a check for the	he following amount:			
□ s:	25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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	gies LLC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L22000050466</u> .	Company were filed on 1/28/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADDI	PRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address, Florida City Zip Code

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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Ahren Davis	Ahren Davis	11096 Cherokee DR	■Add
		Saint Petersburg FL 33708	□Remove
			□ Change
AMBR Jennifer Davis	Jennifer Davis	11096 Cherokee DR	□ Add
		Saint Petersburg FL 33708	□Remove
			≘ Change
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Change
			□Add
			□Remove
			□Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
he record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	Ebenary 22 2022. Sinnifor Davis
	Signature of a member or authorized representative of a member
	Jennifer Davis
	Typed or printed name of signee

Filing Fee: \$25.00