122000053820

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100387108191

U5/16/22--01017--028 **25.06

OLIVISION OF CONTROL STATE OF CONTROL ST

T. MATTHEWS
JUL 15 2022

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: AIR MG	TRIX (00 11/1) Name of Limit	6 HEATING & DUC ted Liability Company	TS LLC
The enclosed Articles of Amen	dment and fee(s) are subn	nitted for filing.	
Please return all correspondence	e concerning this matter t	to the following:	
	GERAR	DO PABAN Name of Person	
_	AIRMETRIX	(COOLING HEAT) Firm/Company	163 DUCTS LLC
_	13716 SUAF	OWER COURT AG	TD
	UEIllAGTON,	FL. 33414 City/State and Zip Code	
_A	'IR METRIX 6 E-mail address: (to	o be used for future annual report notifi	cation)
For further information concern	ning this matter, please ca	H:	
6ERARDO Name of Perso	PAGAA	at (5b) 3/3 — Area Code Daytime	74855 Telephone Number
Enclosed is a check for the foll	owing 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: Registration Section Division of Corpo		Street Address: Registration Sec Division of Corp	
Division of Corbo	MINOR	DIVISION OF COLF	roi au Olia

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF DIVISION OF CORPORATIONS

A'IR METRIX coolinb	HEATING DUCTS PM12: 57 ANY AS IT NOW ADDRAGS ON OUR records.)
(Name of the Limited Liability Con	any as it now appears on our records.)
(A Florida Limite	Liability Company)

Name of New Registered Agent: New Registered Office Address:	Enter Florida streed	t address , Florida
	Entre Florida	Luddage
Name of New Registered Agent:		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited li	ability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>422 00005 382</u> 0		

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 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
AMBR	GERARIO PAKAN	13716 SUAFRONER COURT APT D WELLINGTON, FL. 33414	_ Badd
	51%	Wellington, FL, 33414	□Remove
			□Change
AMBR	AHMAD NASIF	2711 COOPER WAY	
	490%	Wellington, FL. 33414	□Remove
			□Change
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			🗆 Add
			CRemove
			□Change
			□Add
			□Remove
			Change

	. <u>-</u>	· · · · · · · · · · · · · · · · · · ·					
							
		_					
	 						
			•••••				
							
_					· <u></u>		
				·	******		
							
				_ 		_ -	
n effecti <u>te:</u> If t	e date, if other than ive date is listed, the date the date inserted in thi t's effective date on the	must be specific s block does n	and cannot be protent of the capp	licable statutory	g or more than 90		
ecord s	specifies a delayed effe	ctive date, but	not an effective	e time, at 12:01	a.m. on the ear	ier of: (b) The 9	Oth day after the
ted	MAY/	Signature o	. 200	~///l	Lative of a memb	er	
				-			