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Tallahassee, FL 32314

	gistration Se vision of Cor						
CHD IFOT.		R BROKERS LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Nirvair Chowdhury					
			Name of Person				
		·····	Firm/Company				
		2627 S bayshore drive. Ap	t.1702				
			Address			22	<u>:</u> •< .
		Miami, florida, 33133				38.8	
		nirvair.c@gmail.com	City/State and Zip Code		<u></u>	SEP - 1 PM 2: 14	POLIVERATION OF KNOTEN
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual	al report notification	1)	¥ 2: I	11.5
Nirvair Cho	owdhury		305 7 at ()	990887		£	
	Name o	f Person	Area Code	Daytime Telep	phone Number		
Enclosed is	a check for th	ne following amount:					
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is e		S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is et	itus &	
Ro Di		Section orporations	Regist Divisi	Address: tration Section on of Corporat			
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAR AIR BROKERS LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
florida document number		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "l.	.imited 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 ADd	DRESS)	
		[구 SA
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		2: 14
		∓ 52.17
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	da
	City	Zin 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
MGR	Nirvair S Chowdhury	2627 S BAYSHORE DR MIAMI, FL 33133	_ □ Add
			_ = Remove
			_ □Change
MGR	Clear Air Group, LLC	1309 Coffeen Avenue STE 1200, Sheridan, WY,8280)l ≣Add
			□ Remove
			_ □Change
			#VISIDE 22%EP
			_ □Remove,
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	be specific and cannot be prior to date of filin	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 y filing requirements, this date will not be listed a
ocument's effective date on the De		
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
August 30th	2022	

Filing Fee: \$25.00