L23000004656

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COVER LETTER

TO: Registration S Division of Co			
First Alarn SUBJECT:	n Air LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
rease return an correspo	Kelly Duval	to the following.	
		Name of Person	_
	F:	rame of reison	
	First Alamn Air		
		Firm/Company	
	12100 Summergate Cir Ap	ot 201	
		Address	
	Fort Myers FL 33913		
	Firstalarmair@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Kelly Duval		239 7288731 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
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:

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 TO ARTICLES OF ORGANIZATION OF

First Alarm Air LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/29/2022 Florida document number L23000004656 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ___

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	Kelly Duval	12100 summergate cir apt 201 fort myers fl	■Add
			□Remove
			□Change
MGR	Jenna A Hallowell		□Add
		12100 summergate cir apt 201 fort myers fl	≅Remove
			□Change
			□Add
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			□Add
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iote: If the date inserted in the	the date of filing: must be specific and cannot be prior to s block does not meet the applicable Department of State's records.	date of filing or more than 90 de statutory filing requiren	(optional) days after filing.) Pursuant to 60: nents, this date will not be list	5.0207 ted as
record specifies a delayed effe Lis filed.	ctive date, but not an effective time	e, at 12:01 a.m. on the carl	ier of: (b) The 90th day afte	er the
, 06/26	2023			
Pritary 1		<u>-</u> '		
Amy S	mul			
ated 06/26	Signature of a member or authorize	zed representative of a memb	er	