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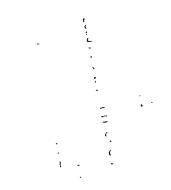
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COVER LETTER

	egistration Se ivision of Cor				•	
em teca		AIR PRO LLC				
SUBJECT	:	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		OSVALDO VALDEZ-LO	PEZ			
Name of Person						
		COMFTY AIR PRO LLC				
Firm Company						
847 SE 15TH ST						
Address						
STUART, FL 34994						
			City/State and Zip Code			
		E-mail address: (to be used for future annual	report notification)		
For further	information c	oncerning this matter, please c	all:		-	
OSVALDO VALDEZ-LOPEZ			772 634	1-4832	. ' (:
	Name o	f Person	Area Code	Daytime Telephone Number		(
Enclosed is	a check for th	ne following amount:				
≅ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enc	Certificat losed) Certified	e of Status &	
Mailing Address: Registration Section		<u>Street Ad</u> Registra	Idress: ntion Section			
Division of Corporations			Division			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liab Florida document number [L23000068310] This amendment is submitted to amend the follow A. If amending name, enter the new name of the The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET). Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC) B. If amending the registered agent and/or registered agent and/or registered agent.	ng: e limited liability company here s "Limited Liability Company," the desi e: ADDRESS)	and assigne
Florida document number 1.23000068310 This amendment is submitted to amend the follow A. If amending name, enter the new name of the line new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET). Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ng: e limited liability company here s "Limited Liability Company," the desi e: ADDRESS)	;
This amendment is submitted to amend the follow A. If amending name, enter the new name of the line new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET). Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	e limited liability company here s "Limited Liability Company," the desi e: ADDRESS)	
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B. If amending the registered agent and/or regi		
B. If amending the registered agent and/or regi		
B. If amending the registered agent and/or regi		<u> </u>
gent and/or the new registered office address t		ords, enter the name of the new res
agent and/or the new registered infice adoress i	ere.	
Name of Name (No. 1 to 1	OSVALDO VALDEZ-LOPEZ	
Name of New Registered Agent.		P 1 2
New Registered Office Address:	847 SE 15TH ST	
		i street address
	STUART City	, Florida ³⁴⁹⁹⁴ 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 Changing Registered Agent, Signature of New Registered Agent

svalde Valdez-Lopez

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NONE E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated _____ 2023 Osvaldo Iblder. OSVALDO VALDEZ -LOPEZ Typed or printed name of signee

Filing Fee: \$25.00