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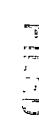
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Office Use Only



04/03/23--01025--008 \*\*25.00





## **COVER LETTER**

COMETY	AIR PRÓ LLC			
UBJECT:		oited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
,		<u>.</u>		
	osvaldo valdez <i>-U</i>	DPEZ		
		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 notif	icution)	
or further information c	concerning this matter, please c	·	· · · · · · · · · · · · · · · · · · ·	
	constitution predict to			
OSVALDO VALDEZ	20		: Telephone Number	202
Name e	of Person	Area Code Daytime	: Telephone Number	2023 APR
Santanad in a strade Care	la Callaccia a consta			70 - 70 - 73
inclosed is a check for the	ne following amount:			· · ·
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	o of Status &

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

COMPTY AIR PRO LLC					
(Name of the Lim	ited Liability Company a rA Florida Limited Liabi	s it now appears on ou lity Company)	ir rec <u>ords.</u> )		
the Articles of Organization for this Limited		re filed on <u>02/07/202</u>	23	and ass	signed
lorida document number 1.23000068310					
his amendment is submitted to amend the fol	Howing:				
If amending name, enter the new name	of the limited liability	company here:			
he new name must be distinguishable and contain the	words "Limited Liability C	Company," the designati	ion "LLC" or the abl	previation "L.	.L.C."
nter new principal offices address, if appli	icable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
	_				
nter new mailing address, if applicable:				. 28	
Mailing address MAY BE A POST OFFICI	E BOX)		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	13 6	-
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(Mailing address MAY BE A POST OFFICE BOX)					
. If amending the registered agent and/or		ress on our records	s, <u>enter the name</u>	e of the त्रहा	v register
gent and/or the new registered office addr	<u>ess here</u> :			Trop =	الحسية
Name of New Registered Agent:	OSVALDO VALD	EZ-LOPE2		E STATE OF S	<u> </u>
New Registered Office Address:	847 SE 15TH ST				
The regulated Office / Idition.	A-171-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Enter Florida stre	et address		
	STUART		Florida <sup>349</sup>	94	
		City		Zip Code	<del>_</del> .

## 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.

(()SUCICIO DA IOPE FOPZ
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		
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Filing Fee: \$25.00