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| Special Instructions to | Filing Officer. | |
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Registration Section

TO:

| Division of Corporations | | | |
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| | Air Solutions, LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Article | s of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corr | espondence concerning this matter | to the following: | |
| | Dale Coram | | |
| | | Name of Person | |
| | | Firm/Company | |
| | PO Box 340249 | runcompany | |
| | | Address | |
| | Tampa, FL 33694 | | |
| | general@kas-usa.com | City/State and Zip Code | |
| | * | to be used for future annual report noti | fication) |
| For further informati | on concerning this matter, please of | all: | |
| Dale Coram | | 813 334-2457 | |
| Na | me of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check t | for the following amount: | | ■ \$60.00 Filing Fee: |
| □ \$25.00 Filing Fe | Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Free Creatificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | | Street Address: Registration Se | • • |
| Division of Corporations | | Division of Cor | |
| P.O. Box 6327 | | The Centre of Tallahassee | |
| Tallahasse | ee, FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kairos Air Solutions, 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 $\frac{5/24/2023}{}$ and assigned Florida document number L23000255960 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kairos Scientific Group, LLC The new name must be distinguishable and contain the words "Limited 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 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 Florida City 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

11 2 Y

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effectiv If an effec | ate, if other than the date of filing: (optional) (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant | ზ 605.0 29 7 (. |
| Note: 1 | e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records. | eriste or is ti |
| | | 4: 33 STATI |
| e record rd is file | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day | |
| Datad | ember 24 2024 | |
| Dated <u>"</u> | | |
| | LINT | |
| | Signature of a member or authorized representative of a member | |

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Filing Fee: \$25.00