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Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|---|---|--|
| Airwalls SUBJECT: | Pro LLC | | |
| SUBJECT: | Name of Lin | mited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are su | binitted for filing. | |
| | pondence concerning this matte | - | |
| | Ronald Zambrano | | |
| | | Name of Person | |
| | Airwalls Pro LLC | | |
| | | Firm/Company | |
| | P.O. BOX 422431 | | |
| | | Address | |
| | Kissimmee, Florida 34742 |) | |
| | | City/State and Zip Code | |
| | rzambrano@airwallspro.co | | |
| For further information | E-mail address: concerning this matter, please of | (to be used for future annual report no all: | tification) |
| Ronald Zambrano | - | 407 9282524 | |
| Name | of Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ S25.00 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) |
| P.O. Box 63 | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of T | rporations |
| Tallahassee, | FL 32314 | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Airwalls Pro LLC | | |
|--|--|--------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on November 13, 2023 | and assigned |
| Florida document number L23000512897 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | · · · · · · · · · · · · · · · · · · · | . 24 |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1101 Miranda Lane, Kissimmee, FL 3474 | 1 - Suite 13B |
| (Principal office address MUST BE A STREET ADDRESS) | | -4 |
| | | |
| Enter new mailing address, if applicable: | P.O. BOX 422431Kissimmee, FL 34742 | |
| Mailing address MAY BE A POST OFFICE BOX | | |
| | | |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | nddress on our records, enter the name | of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City | 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

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 | Fabian Bishop | 2912 Windmill Dr, Kissimmee FL 34741 | □ Add |
| | | | ⊠ Remove |
| | | | □ Change |
| MGR | Rina Zambrano | 2912 Windmill Dr. Kissimmee, FL 34741 | 🗆 Add |
| | | | ■ Remove |
| | | - | ☐ Change |
| | | | □Add |
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Filing Fee: \$25.00