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| Special Instructions to Filing Officer: |
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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations AIRWAYZ AIR DUCT CLEANING SERVICES LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Brigitte Hernandez Name of Person Masters Accounting Services Inc. Firm Company 6797 Main Street Address Miami Lakes, Fl 33014 City/State and Zip Code brigittesawonder@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call. Brigitte 514-4025 Daytime Telephone Number Name of Person Finelosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed). Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AIRWAYZ AIR DUCT CLEANING SERVICES LLC | | | |
|--|--|-------------------|--|
| (<u>Name of the Limited Liability Company</u>) (A Fronda Franted Liab | as it now appears on our records.) Hity Company) | | |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{01/01/2024}{\text{Plorida document number}}$ | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | v company <u>here</u> : | | |
| The new name most be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains t | Company," the designation "LLC" or the abbr | eviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 2 | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | 7.7 7.4 60.7 70.6 70.6 70.6 70.6 | T | |
| B. If amending the registered agent and/or registered office addingent and/or the new registered office address here: | lress on our records, <u>enter the name</u> | of the new regi | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Provide the Association of the Control | | |
| | Enter Florida street address | | |
| | . Florida | | |

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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
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| | | PALM COAST, FL 32164 | ≡ Remove |
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| MGR | ILAY SHEM TOV | 50 WESTFIELD LANE | |
| | | PALM COAST, FL 32164 | <u>≡</u> Remove |
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