## LZ400144772

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Co			
King Ducts	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jason King		
		Name of Person	
		Firm/Company	<del></del>
	2234 Smathers Circle Nort	h	
		Address	
	Melbourne, FL 32935		
	freshairsolutionsfl@gmail.c	City/State and Zip Code om	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
Jason King		321 6842412 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Mailing Address		Street Address:	nation
Registration Significant Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King Ducts LLC	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LZ400014477</u> Z	ompany were filed on 4/1/2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limit	ted liability company here:
Fresh Air Solutions Group	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	2234 Smathers Circle North
Principal office address MUST BE A STREET ADDR	(ESS) Melbourne, FL 32935
	~ <u>~</u>
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the natifie of the new regi
Name of New Registered Agent: N/A	<u> </u>
New Registered Office Address:	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.

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
		N/A	
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			□Add
			Remove
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LH <b>ecuve</b> If an effect	e date, if other than the date of filing: (optional) ive 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
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
documen	s effective date on the Department of State's records.
e record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed	ntember 13 $\int 2024$
rd is filed	ptember 13
rd is filed	$\frac{\text{ptember 13}}{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{$
rd is filed	
d is filed	Signature of a member or authorized representative of a member