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Registration Section

Division of Corporations

TO:

SUBJECT:	lighty Duc	ts Of Florida LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for tiling.		
Please return al	ll correspo	ndence concerning this matter	to the following:		
		Cale howard Sr			
			Name of Person		
		Mighty Ducts Of Florida L	I.C		
			Firm/Company		
		14319 Hunters Ridge East			
Glen St. Marys Florida 32040					
			City/State and Zip Code		
		mightyductsofflorida@gma			
		E-mail address: (to be used for future annual report not	ification)	
For further info	ormation co	oncerning this matter, please co	all:		
Cale Howard S	Sr		904 334-4136 at ()		
Name of Person			ne Telephone Number		
Enclosed is a c	heck for th	e following amount:			
■ \$25.00 Fili	ing 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Co The Centre of	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

Mighty Ducts Of Florida LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{5/16/2024}{}$	and assigned
Florida document number L24000227592		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Mighty Ducts of Florida LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
		20
Principal office address MUST BE A STREET ADDRESS)		F .024 AUG .SEG-901 I .FALL AH
		11k 11
		30 E
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		- 5
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:	<u> </u>	
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 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	Cale Howard Sr	14319 Hunters Ridge East	≣ Add
		Glen St. Marys ,Florida 32040	□Remove
		,	Change
			□ Add
			Петоvе
			□ Change
- 112 			□Add
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ocument's effective date on the Depo	artment of State's reco	rds.			
record specifies a delayed effective d	late, but not an effective	ve time, at 12:0)1 a.m. on the ea	rlier of: (b) Th	e 90th day after the
is filed.					
August 27	2024				
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Si	gnature of a member or a	MUMA authorized repres	sentative of a mem	ber	