L24000486609

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TALLAHASSEE, FLORIDA

COVER LETTER

	Registration Sec Division of Corp				
CHD IE	Pyro Solution	ns LLC			
SUBJEC		Name of Lim	ited Liability Company		
The encl	osed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
		Lou Greco			
			Name of Person		
Pyro Solutions LLC Firm/Company					
<u> </u>					
		712 S Ocean Shore Blvd			
			Address		<u></u> _
		Flagler Beach, FL 32136			
			City/State and Zip Code		
		pyroheaters@gmail.com	to be used for future annual	T	
For furth	ner information co	neerning this matter, please co		report twencation	17
Lou Gree	co		239 881 at ()	8-4269	
	Name of	Person	Area Code	Daytime Telep	phone Number
Enclosed	l is a check for the	e following amount:			
■ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is each		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street A		
	Registration Solution of Co			ration Section of Corporat	
	P.O. Box 6327			entre of Tallah	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Pyro Solutions LLC

2024 DEC 13 PM 3: 02

(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 $\frac{11/18/24}{}$ Florida document number <u>L24000486609</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ___

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr	Lou Greco - HGR	712 S Ocean Shore Blvd	= Add
		Flagler Beach, FL 32136	□Remove
			□Change
<u>Mrs</u>	Melissa Obermayer	17 Pickford Dr Palm Coast, FL 3016	□ Add
	רוטו	Palm Cast, FL 3016	(∕ ⊠ Remove
			□Change
.			□Add
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