P20000062160

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AIR QUALITY, INC DOCUMENT NUMBER: P20000062160 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shannon Stahlin Name of Contact Person Direct Incorporation Firm! Company 1200 McKinley St Address Bay City MI 48708 City/ State and Zip Code documents@directincorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (877) 281 6496 Area Code & Daytime Telephone Number Shannon Stahlin Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

Articles of Amendment to Articles of Incorporation of

FILED

AIR QUALITY, INC.	2023 DEC 1	
(Name of Corporation as currently filed with the Florida	Dept. of State	५ मान 9: 24
220000062160	S ₂₂ , , ,	STATE
(Document Number of Corporation (if known)	1112	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporati</i> ts Articles of Incorporation:	ion adopts the follow	ing amendment(s)
. If amending name, enter the new name of the corporation:		
Air Quality, AC & Electric Inc.		The new
name must be distinguishable and contain the word "corporation," "company," or "incorpora "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporati "chartered," "professional association," or the abbreviation "P.A."	ited" or the abbrevia ion name must cont	tion "Corp.," ain the word
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address;	e name of the	
Name of New Registered Agent		
(El mid o to do al lanco)		<u> </u>
irioriai sireet aduress)		
	, Florida <i>:Zi</i>	n Code)
(Florida street address) New Registered Office Address: (City)		p Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the oblig	gations of the position	1.
Signature of New Registered Agent, if chang	vine	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			=
Add			
Remove			
6) Change			
Add			
Remove			

The state of the s	ticles, enter change(s) here: (Be specific)
I an amendment provides for an exc provisions for implementing the am	change, reclassification, or cancellation of issued shares, rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adde this document was signed.	adoption:	, if other than the
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment f.	le date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requeepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were acaction was not required.	lopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for sufficient for approval.	the amendment(s)
	oproved by the shareholders through voting groups. The reach voting group entitled to vote separately on the an	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
12/8/23 Dated		
Signature	Hector Rivera, President director, president or other officer - if directors or office	
select	director, president or other officer – if directors or office ed, by an incorporator – if in the hands of a receiver, trus nted fiduciary by that fiduciary)	
	Hector Rivera	
	(Typed or printed name of person signing)	<u></u>
	President	
	(Title of person signing)	