

713 775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

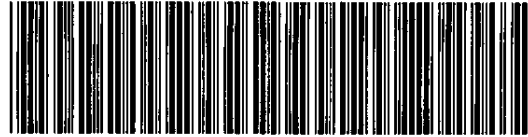
(Business Entity Name)

(Document Number)

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FILED  
15 APR 15 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 16 2014  
C. CARROTHERS

April 10, 2015

**Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**



Re: **Florida Air Conditioning Contractors of America, Inc.  
Document #713775**

Dear Sir/Madam ...

Enclosed, please find the Articles of Amendment form, completed as needed to request that our name be changed back to the previous name of **Florida Air Conditioning Contractors Association, Inc.**

The registered agent and contact information remains unchanged, and is being provided here for reference in case needed:

registered agent: Lisa Tamargo  
mailing address: PO Box 7084, Tampa FL 33673  
physical address: 2812 Munro Street, Tampa FL 33602  
phone #: (813) 210-4949  
e-mail address: lisa.tamargo@acca-fl.org

As noted on the Articles of Amendment form, please delete the information for two of our previous board members: **Ken Bodwell** and **Phil London**.

Also enclosed is a check in the amount of \$35, made payable to the Florida Department of State, as required for this filing fee.

Please feel free to contact me with any questions and/or additional information needed.

We appreciate your assistance!

Sincerely,

A handwritten signature in black ink that reads "Lisa Tamargo". The signature is written in a cursive, flowing style.

Lisa Tamargo  
Executive Director & Registered Agent

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Air Conditioning Contractors of

DOCUMENT NUMBER: 713775

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Tamargo  
(Name of Contact Person)

Florida Air Conditioning Contractors of America, Inc.  
(Firm/ Company)

PO Box 7084  
(Address)

Tampa, Florida 33673  
(City/ State and Zip Code)

lisa.tamargo@acca-fl.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Tamargo at ( 813 ) 210-4949  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida Air Conditioning Contractors of America, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

713775

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

15 APR 15 AM 10:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. If amending name, enter the new name of the corporation:

Florida Air Conditioning Contractors Association, Inc.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

n/a

(Florida street address)

New Registered Office Address:

n/a

, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

n/a

Signature of New Registered Agent, if changing

**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)*

*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.*

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Ken Bodwell</u>	<u>3144 N. John Young</u> <u>Orlando, FL 32804</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Phil London</u>	<u>2201 College Avenu</u> <u>Davie, FL 33317</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: n/a, if other than the date this document was signed.

Effective date if applicable: n/a  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 4-8-2015  
Signature Dave Hutchins Pres.  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

**Dave Hutchins**

(Typed or printed name of person signing)

**President**

(Title of person signing)