

LO6000116508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300159307353

08/28/09--01005--007 **30.00

2009 SEP 11 PM 1:45
SERIES MARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 14 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2009

ASLAMY DELACONCEPCION
16930 SW 300 STREET
HOMESTEAD, FL 33030

SUBJECT: ALWAYS-WINTER,LLC
Ref. Number: L06000116508

We have received your document for ALWAYS-WINTER,LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can be listed as registered agent. Please correct your document and resubmit.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00029118

2009 SEP 11 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALWAYS WINTER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aslamy Delaconcepcion

Name of Person

AlwaysWinter LLC

Firm/Company

16930 SW 300 STREET

Address

Homestead FL 33030

City/State and Zip Code

aslamygonzalez@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aslamy Delaconcepcion

Name of Person

at (305)

255-8627

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 11 PM 1:45

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALWAYS WINTER, LLC.

(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 December 6, 2006 and assigned
Florida document number L06000116508.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALWAYS WINTER AIR CONDITIONING & REFRIGERATION, LLC.

The new name must be distinguishable and end with 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)

FILED
2006 SEP 11 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____
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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Evelio Suarez	4901 SW 135 CT Miami, FL 33175	☒ Add ☐ Remove
MGRM	Ariel Cruz	13783 SW 66 ST Miami, FL 33183	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

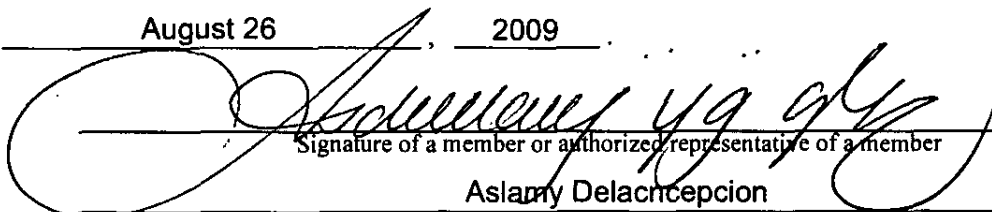
Evelio Suarez 10%

Ariel Cruz 10%

Aslamy Delaconcepcion-Gonzalez 70%

Yorlandy Gonzalez 10%

Dated August 26, 2009



Signature of a member or authorized representative of a member

Aslamy Delaconcepcion

Typed or printed name of signee