## L11000069797

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J. BRYAN

NOV -1 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations	·		
SUBJECT:	SUBJECT: Echols Enterprises, LLC  Name of Limited Liability Company			
	of Amendment and fee(s) are sub pondence concerning this matter	-		
		Thomas C Close  Name of Person		
		Close Holdings, LLC Firm/Company		
		ZEIZ OCT 31 AM II: 27 ZEIZ OCT 31 AM II: 27 TALL NHASSEE, FLORID	7177	
		Address	GE. FLO	,
	O	Keechobee, FL 34972 City/State and Zip Code		7
	info E-mail address: (	closeconstruction.us to be used for future annual report	notification)	
For further information	concerning this matter, please of	call:		
	oanna Hoover	at ( 863 ) Area Code & D	467-0831 aytime 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 enc	(additional copy is enclosed)	)
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/CO Registration S Division of C Clifton Build	orporations ing ve Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Echols B	Enterprises, LLC				
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears mited Liability Company)	s on our records.)	•		
(	miles Ziaomiy Company)				
The Articles of Organization for this Limited Liability Co	mpany were filed on	06/15/2011	and assigned		
Florida document number L11000069797	_•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here	2:			
	& Air Conditioning, L				
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation		
		_	- B		
Enter new principal offices address, if applicable:			SE		
(Principal office address MUST BE A STREET ADDRE	<u> </u>				
			英豆 3		
			SAZ M		
			四里口		
Enter new mailing address, if applicable:			0=1		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
			72		
B. If amending the registered agent and/or registe		ur records, <u>enter</u>	the name of the new		
registered agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:					
N. B. C. LOSS ALL					
New Registered Office Address:	Ent	er Florida street add	drace		
	Linei 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 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 **Title** Name Address **Type of Action** ☐ Add Remove ☐ Add Remove \_ Add Remove Add Remove ∏Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 29 , 2012. Signature of a member or authorized representative of a member Thomas C Close Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00