

L150000000397

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC
 Account Number : I20070000159
 Phone : (239)777-1028
 Fax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: etc@licensesetc.com

2015 FEB - 4 AM 8:24
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STATE OF FLORIDA
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA'S A/C SOLUTION LLC

Certificate of Status	0
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RECEIVED
15 FEB - 4 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

(((H15000029007 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida's A/C Solution 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:

Lisa Adams
Name of Person
Licenses, Etc.
Firm/Company
886 110th Ave. N., Suite #6
Address
Naples, FL 34108
City/State and Zip Code
etc@licensesetc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Adams at (**239**) **777-8321**
Name of Person 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

(((H15000029007 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 FEB 4 AM 8:24 ((H15000029007 3))) SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida's A/C Solution 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 01/02/2015 and assigned Florida document number L1500000397

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 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)

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

City, Florida 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 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 Changing Registered Agent, Signature of New Registered Agent

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

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Arnold S. Delgado	13918 Citrus Pointe Dr.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input type="checkbox"/> Remove
AMBR	Oscar Saucedo	958 Highpoint Loop	<input checked="" type="checkbox"/> Add
		Longwood, FL 32570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

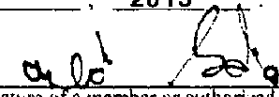
(((H15000029007 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)* (((H15000029007 3)))

When we filed the company, we did not add authorized person(s) detail.
We are now amending to add the above officers. Thank you for your
assistance.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 4th, 2015



Signature of a member or authorized representative of a member
Arnold S. Delgado

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA