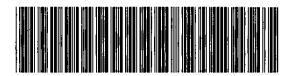
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Office Use Only



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## **COVER LETTER**

Name of Limited Liability Combany  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Luis R Payero Name of Person L-N Service & Repair LLC Firm/Company  3 40 9 th 54 North 54E 147  Address  Naples, FL. 34/102 - 6620  City/State and Zip Code  Person Fertil address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Luis R Payero Name of Person  at 239 384 - 1640  Daytine Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ Certificate of Status \$ Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	SUBJECT: 4	N Servic	e-Repair L	LC	
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MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

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

LIN Service a rep	
(Name of the Limited Liability Comp. (A Florida Limited L	ny яз и now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \( \begin{align*} \log 000 \ 00594 \end{align*}. \]	were filed on January 14, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
L 4 M HVAC Installation 5 The new name must be distinguishable and contain the words "Limited Liabili	Service & Repair, LLIC
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	340 9th St. North Ste 147 Naples FL 34102-6620
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	340 9th St. North Ste 147 Naples, FL. 34102-6620
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	SE TO
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2.p 5000
new registered Agent's Signature, it 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		Add
			□ Remove
			☐ Change
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E. Effective date, if other than the date of filing:    Copte   Survey   2014   (optional)			-
E. Effective date, if other than the date of filing:  (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of b) The 90th day after the record is filed.			-
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			er of:
Signature of a member or authorized representative of a member	Dated	×8.16.2016	
Signature of a member or authorized representative of a member		$\sqrt{2}$	
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Page 3 of 3

Filing Fee: \$25.00