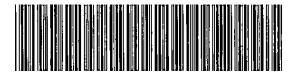
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SECRETARY OF STATE
TALLAHASSEF FIRE

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COVER LETTER

Division of Corporations
SUBJECT: NEXTEMP ENGINEERS Air CONDITIONING 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:
ROSHAN SHAHACK Name of Person
NEXTEMP ENGINEERS Air CONDITIONING LLC Firm/Company
6919 W. BRUNARI) BLUB # 265 Address
Pepulation FL 33317 City/State and Zip Code
NEXTEMPAC @ GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 914. 2628 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

MAILING ADDRESS:

TO:

Registration Section

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

NEXTEMP ENGINEERS	Air Condition our records.) Limited Liability Company)
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>人 / S の 8 の 3 み の / /</u>	ompany were filed on $\frac{2}{5}/15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SE SE
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the nevess 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 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 add	led
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
65 MGR	ROSHAN SHAHACK	4586 NW 41 STREET LAUDENDAW LAKES, FL	□ Add
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		33319	
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Page 3 of 3

Filing Fee: \$25.00