(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	-			
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# **COVER LETTER**

TO: Registration Se Division of Cor		·	
SUBJECT:	J HEAT	Solutions L	_LC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Grea LAN	DDAU	
		Name of Person	
		Firm/Company	
	lim a la s	, l	
	1131 Water	side LANE	
		Address	
	Hollywood	City/State and Zip Code	
		City/State and Zip Code	
		to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
			neation)
For further information co	oncerning this matter, please c	all:	
Greg LA	JAZ	at (305) 785- Area Code Daytime	0088
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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

## ARTICLES OF AMENDMENT TO

# ARTICLES OF ORGANIZATION



	Or and on
NU HEAT SOLU	15 APR -3 AM 11: 03
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
ne Articles of Organization for this Limited Liability Comporida document number <u>L\500094303</u> 0	any were filed on 03/09/2015 and assigned
is amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited l	iability company here:
CARBONTEL International LL	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
e new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	SAME As Before
rincipal office address MUST BE A STREET ADDRESS	
nter new mailing address, if applicable:	SAME AS Before
failing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered gistered agent and/or the new registered office address	I office address on our records, <u>enter the name of the n</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Elevit - Literatura - Lit
	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 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:

<u>itle</u>	<u>Name</u>	Address	Type of Ac
			Add
		<del></del>	Remove
			Remove
<del></del>			Add
			Remove
			□ Add
			☐ Remove
<del></del>			
			Remove
. <del></del>			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
FR F	U
SECRETARY DIVISION OF CO	DF TIATE IRPORATION
15 APR -3	AM 11: 03
	_
E. Effective date, if other than the date of filing:  (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 03/31/2015	
Signature of a member or authorized representative of a member	
Grey LANDAU  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00