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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

	Registration 3 Division of C			
eub ica		COOLING AND HEATING, LI	LC	
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles o	of Amendment and fee(s) are subn	mitted for filing.	
Please re	turn all corres	pondence concerning this matter t	to the following:	
		CEZAR PEREZ		
			Name of Person	
			Firm/Company	
		8430 ANDREWS AVENU	E	
		FORT PIERCE, FL 34945	Address	
		PEREZCEZAR@BELLSOU		
		E-mail address: (to	o be used for future annual report notifi	cation)
For furth	er information	concerning this matter, please ca	ll:	
CEZAR	PEREZ	_	at () 359-7672 Area Code Daytime	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25. 0	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:

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

TRU AIR COOLING AND HEATING, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
he Articles of Organization for this Limited Liability Company	y were filed on 10/28/2019	and assigned
lorida document number 1.19000269302		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
\$\forall A		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbieviation \$\frac{1}{2}\text{L.C."}
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		ASSET FI
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of		enter the name of the
egistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Parietoryd Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street oddress	
	Emer Fioriaa sireel adaress	
	, Flor	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CEZAR PEREZ	8430 ANDREWS AVENUE	= Add
		FORT PIERCE, FL. 34945	
			Remove
			Change
			□ Add
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i effective te: If th	e date is listed, the e date inserted	han the date of f e date must be specifi in this block does r on the Department	ic and cannot be pri not meet the appl	icable statutory fil	more than 90 days a	ptional) ifter filing.) Pursuant this date will not b	to 605.020 e listed a
		delayed effective the record is fil		not an effective	time, at 12:0	1 a.m. on the ϵ	earlier d
NO'	VEMBER 19		2019	_			
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Typed or printed name of signee

Filing Fee: \$25.00