## 101000005848

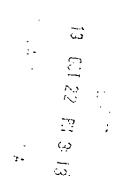
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#### **COVER LETTER**

Division of Cor	porations		
HIGHVAC SUBJECT:	CO, LLC		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing	
	ondence concerning this matter t	_	
The section of the se	DARMINDRA GHAMAN		
		Name of Person	
	HIGHVAC CO, LLC		
	<del></del>	Firm/Company	<del></del> -
	3842 COMMERCE LOOP		
	<del></del>	Address	
	ORLANDO, FL 32808		
	NALGHAMANDI@GMAII	City/State and Zip Code L.COM	·
	E-mail address: (t	o be used for future annual report notifi	ication)
For further information e	oncerning this matter, please ca	dl:	
DARMINDRA GHAMA	ANDI	407 969-0399 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

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

HIGHVAC CO, 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 APRIL 16, 2001 \_\_\_\_ and assigned Florida document number L01000005848 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 contain 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

#### 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.

City

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
MGR	DOODMATTIE GHAMANDI	2060 PLANTATION OAK DR.	
		ORLANDO, FL 32824	
		ORLANDO, FE 32024	Remove
			Change
	<del></del>		☐ Add
			□ Remove
			Change
			. 5 □ Remove
		: 87 :	
			Change
			Add  Remove
			Remove
			☐ Change
		Add	
		□ Remove	
		<del></del>	Change
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E. Effecti	OCT. 10, 2018  ve date, if other than the date of filing:
(If an eff <u>Note:</u>	ective 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 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/18/7018,
	Signature of a member or authorized representative of a member
	DARMINDRA GHAMANDI

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00