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JUL - 9 2008

EXAMINER



600131982746

07/07/08--01015--011 **60.00



COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: SPRINGER BROTHERS AIR CONDITIONING AND HEATING, 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:

JOSEPH E SPRINGER
(Name of Person)
SPRINGER BROTHERS AIR CONDITIONING AND HEATING, LLC
(Firm/Company)
5927 STATE RD 542 W.
(Address)
WINTER HAVEN FL 33880 US
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH E SPRINGER

at (863) 521-5330; (863) 967-0449; (863) 324-84 44 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

(Name of Person)

☑ \$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 OF

SPRINGER BROTHERS AIR CONDITIONING & Heating, 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 Lia Florida document number <u>LO3 0 00 03</u>		12003	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	esignation "LI	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		90
(Principal office address MUST BE A STREET	ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u> </u>		#: 09 09
B. If amending the registered agent and/o registered agent and/or the new registered off		ds, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:	JOSEPH E SPRINGE	R	
New Registered Office Address:	5927 STATE RD 542 V	~	
	(Enter Floria	la street add	ress)
	WINTER HAVEN	Florida	3388D
	(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 608, 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 Agen

Page 1 of 2

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
· .	WALKER, STEPHEN D	1048 E OLEANDER ST LAKELAND, FL 33801	Add Remove		
/P	WALKER, MATTHEW	1048 E OLEANDER ST LAKELAND, FL 33801	Add Remove		
S,T	FREEMAN, HEATHER	1048 E OLEANDER ST LAKELAND, FL 33801	Add Remove		
<u>Р (мбрм)</u>	SPRINGER, JOSEPH E	5927 STATE RD 542 W WINTER HAVEN, FL 33880	Add Remove Change ht		
			Add Remove		
			Add Remove		
	-	nange(s) here: (Attach additional sheets, if nec			
_ <u>A</u> _c	s per above, Joseph hange only. He u	E Springer had a title uent from VP to P. Ite is	MGRM.		
Dated JULY	2, , 20	008			

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00