

L030000040605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

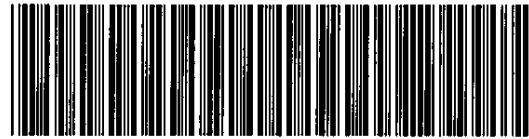
(Business Entity Name)

(Document Number)

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13 OCT 17 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2013
T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPEEDY AIR CONDITIONING SERVICE 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:

DAVID BINDER

Name of Person

ARRVAL LLC

Firm/Company

627 SW BILTMORE ST.

Address

PORT SAINT LUCIE, FL 34983

City/State and Zip Code

SPEEDYACSERVICE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BINDER

Name of Person

772 871-1560

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
OF**

SPEEDY AIR CONDITIONING SERVICE LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 OCT 17 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 23, 2003 and assigned Florida document number L03000040605.

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 end with 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: DAVID BINDER

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 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 Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELIX BURGOS	627 SW BILTMORE ST	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL	<input checked="" type="checkbox"/> Remove
		34983	
MGRM	DAVID BINDER	627 SW BILTMORE ST	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL	<input type="checkbox"/> Remove
		34983	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 14 2013.



Signature of a member or authorized representative of a member

David Binder

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00