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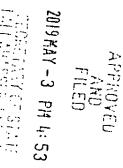
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## **COVER LETTER**

Division of Cor					
	HEATING & AIR CONDITIO	NING LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KIRK WATERS				
		Name of Person		-	
	WATERS HEATING & A	IR CONDITIONING LLC			
	<del> </del>	Firm/Company		-	
	5415 ILEX LANE				
	PENSACOLA FL 32536	Address		2019 KAY - 3	
		City/State and Zip Code			<u> </u>
	watersac@bellsouth.net	Chyrotale and zap Code		,	
	E-mail address: (to be used for future annual report notification)			מייים ל	
For further information of	concerning this matter, please co	all:			_
CINDY B WATERS		850 232-4798		် ပ	
Name c	of Person		: Telephone Number	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ne of Status &	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATERS HEATING & AIR CONDITIONING		<del></del>
<u>(Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Com-	pany were filed on 01/02/2004	and assigned
Florida document number 1.0400000369		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	- <u></u>
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
		19
B. If amending the registered agent and/or register	ed office address on our records,	enter the name of the
egistered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		<del></del>
N 10 1 10 10 10 10 10 11 11 11 11 11 11 1		· · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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	CODY A HENRY	990 JOHN DEERE LANE CANTONMENT FL 32533	<b>■</b> Add
			☐ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00