## L04000028686

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## **COVER LETTER**

	darine Services, Air Conditioni	ng & Refrigeration, LLC	
	Name of Lim	ited Liability Company	
ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
n all correspo	ondence concerning this matter	to the following:	
	Robert Ferguson		
		Name of Person	
	Ferguson Marine Services.	Air Conditioning & Refrigeration	, LLC
		Firm/Company	<del></del>
	21515 SW 97 Court		
		Address	
	Cutler Bay, FL 33189-371	1	
		City/State and Zip Code	
	bofergie5@aol.com		<del>1                                    </del>
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ison	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	305 233-5336	
Name of Person		-3711  City/State and Zip Code  ess: (to be used for future annual report notification)  use call:	
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a check for th	ne following amount:		
Filing Fec	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration Se	ection
vision of C	orporations	Division of Cor	rporations
		The Centre of 3	
	Ferguson M  d Articles of all correspondation of a check for the Filing Fee signs of CO. Box 632	Name of Lim  In all correspondence concerning this matter  Robert Ferguson  Ferguson Marine Services.  21515 SW 97 Court  Cutler Bay, FL 33189-371  bofergie5@aol.com  E-mail address: ( information concerning this matter, please colson  Name of Person  a check for the following amount:  Filing Fee \$30.00 Filing Fee &	Ferguson Marine Services, Air Conditioning & Refrigeration, LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Robert Ferguson  Robert Ferguson  Ferguson Marine Services, Air Conditioning & Refrigeration Firm/Company  21515 SW 97 Court  Address  Cutler Bay, FL 33189-3711  City/State and Zip Code bofergies@aol.com  E-mail address: (to be used for future annual report not information concerning this matter, please call:  Isson  Name of Person  Tage Street Address: Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: Certificate of Copporations Division of Copporations Division of Copporations Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)							
The Articles of Organization for this Limited Liability Company Florida document number 104000028686	were filed on April 14, 2004	and assigned						
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 Liabil	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRESS)		700						
		•						
		,						
Enter new mailing address, if applicable:		(.)						
(Mailing address MAY BE A POST OFFICE BOX)								
The second secon	***************************************	CA						
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter the</u>	e name of the new register						
New Registered Office Address:								
New Registered Office Address.	Enter Florida street address							
	, Flori	da						
	City	Zip Code						
New Registered Agent's Signature, if changing Registered Agent:								
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and i	l am familiar with and						

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>	Address	Type of Action
AMBR	Wesley Ferguson	21515 SW 97 Court, Cutler Bay, FL 33189-3711	<b>=</b> Add
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fective date it	other than the dat	e of filing:		(optional)	
in effective date is	listed, the date must be	specific and cannot be price	or to date of filing or more that cable statutory filing requ	in 90 days after filing.) P	
		tment of State's record	S.		
ocument's effect	ive date on the Depar		s. time, at 12:01 a.m. on the		

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