

| | questor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Re | questoi s ivame) | |
| | | |
| (Ad | dress) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | ısiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| | EW OW | · · · · · · · · · · · · · · · · · · · |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300300837833

06/30/17--01022--005 **25.00

FILED

MIT JUN 30 A 10 2

MITCHALINAY JOURNALE

MITCHALINAY JOURNA

RRUCE JUI. 05 2017

COVER LETTER

| TO: | Registration Division of | on Section f Corporations | |
|-------------------|-----------------------------|---|---------------|
| SUBJE | Climate | te Cotnrol Services, ELC | |
| audje. | C. I | Name of Limited Liability Company | |
| | | es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: | |
| | | Ronald J Bennett | |
| | | Name of Person | |
| | | | |
| | | Firm Company | |
| 45824 Ohio Street | | | |
| | | Address | |
| | | Paisley, FL 32767 | |
| | | City/State and Zip Code cesronb@gmail.com | 2017 JUN 30 |
| For furt | ner informatio | E-mail address: (to be used for future annual report notification) Concerning this matter, please call: | T),- |
| Ronald | J Bennett | 352 317-3846 F | |
| | Nar | ame of Person Area Code Daytime Telephone Number | |
| Enclose | d is a check fi | for the following amount: | |
| ■ \$25 | .00 Filing Fee | Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Certified Copy | e of Status & |
| | | | |

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

| Climate Control Services, LEC | | |
|---|---|------------------------------------|
| (Name of the Limited Liability C (A Florida Lin | l <mark>ompany as it now appears on our re</mark> nuted Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Com | pany were filed on 08/18/2005 | and assigned |
| Florida document number L05000082111 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | Hiability 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 ADDRES | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | S. G |
| | | 70 _A |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ac | ldress |
| | | . 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 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> | Address | Type of Action |
|--------------|-------------------|-----------------------------------|----------------|
| VP-Mark | Lewis K Dickerson | | |
| | | 871 S. Charles Richard Beall Blvd | ■ Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | TALLAHASSEI |
| | | | E DAdd D |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| | | | | _ . | | |
|---|--|---|---|-------------------------------------|---------------------|-------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | _ _ | | |
| | | | | | | |
| | | | | | - | |
| | | | | | <u>-</u> | |
| | | | | | | |
| | | | | | | |
| | | _ | | | | |
| | | | | | | |
| | <u>-</u> | | | | | |
| | | - | | | AHAS: | |
| | | | | | SSEC. | <u>~</u> r |
| | | | | | | ←<_ |
| | | | | | TLORIDA | © — 23 — |
| Effective date, if other than (| the data of filing | | | t o | | w |
| If an effective date is listed, the date Note: If the date inserted in this document's effective date on the | must be specific and s block does not m | cannot be prior to leet the applical | o date of filing or ble statutory fili | more than 90 days ang requirements. | after filing.) Purs | arant to 605.020 not be listed a |
| ne record specifies a delay The 90th day after the r | | ate, but not | an effective | time, at 12:0 | 1 a.m. on t | he earlier c |
| Dated June 29 | | 2017 | | | | |
| * Phall | 1012 | 1511 | AA /6 | -O. | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00