## 10500082111

(Re	equestor's Name)	<del></del>	
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SECRETARY OF STATE
TALLAHASSEC, FLORIDA

## COVER LETTER

10:	Division of Co			
CUPIE		ontrol Services, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Harlan L. Paul, Esquire		
			Name of Person	
		Paul, Elkind, Branz & Kele	ton, P.A.	
			Firm/Company	
		142 E. New York Avenue		
			Address	
		DeLand, FL 32724		
			City/State and Zip Code	
		hpaul@paulandelkind.com E-mail address: (	to be used for future annual	report notification)
For furt	her information	concerning this matter, please c	all:	
Harlan	L. Paul		386 7.	34-3020
	Name	of Person	Area Code	Daytime Telephone Number
Enclose	d 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 end	Certificate of Status &
MAILING ADDRESS: Registration Section Division of Corporations			I/COURIER ADDRESS:	
			ion Section of Corporations	
		Box 6327 nassee, FL 32314	Clifton B 2661 Exe	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Climate Control Services, LLC		1			
(Name of the Limited	Liability Comps Florida Limited	any as it now a	appears on our records.)		
(^	. I lorida Emined	Liability Culi	oany)		
The Articles of Organization for this Limited Liab	oility Company	were filed o	on08/18/2005	and assigned	d
Florida document numberL05000082111	<del></del> -				
This amendment is submitted to amend the follow	ving:	1			
A. If amending name, enter the new name of t	he limited liab	ility compa	ny here:		
N/A		1			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company	" the designation "LLC" or the ab	breviation "L.L.C."	
		N/A			
Enter new principal offices address, if applicab	ole:			<del>-                                    </del>	<u>-</u> ₹8
(Principal office address MUST BE A STREET	ADDRESS)				
				55	7 in
				<del></del>	ARY SSE
		N/A		70	F 0
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			77.	UNIO.1
				<del>_</del>	<u>_</u>
					••
B. If amending the registered agent and/or	r registered o	ffice addre	ss on our records, enter	the name of the	he nev
registered agent and/or the new registered office			, <u></u>		
		_			
Name of Name Designation of Assess	N/A				
Name of New Registered Agent:					
New Registered Office Address:					
		Ent	er Florida street address		
			. Florida		
		City	, riorida	Zip Code	<del></del>
New Registered Agent's Signature, if changing Re	gistored Agent			-	
			}		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registateing filed to merely reflect a change in the recompany has been notified in writing of this change in the cha	and complete ered agent as gistered office	e performan provided fo	ce of my duties, and I am f r in Chapter 605, F.S. Or,	familiar with an if this documen	d
	If Cha	anging Registe	red Agent, Signature of New Re	gistered Agent	
		D D D			

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Address** Type of Action Title Name T Patricia A. Bennett 45824 Ohio Street □ Add Paisley, FL 32767 Remove □ Change □ Add \_□ Remove ☐ Change \_D Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change

<b></b>	N/A	daamona succis, y nevessary.)	
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			STATE LORIDA 7: OF
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			<del></del>
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			_
C. Effec	tive date, if other than the date of filing:	(optional)	
(If an c <u>Note</u>	ffective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	ig or more than 90 days after filing.) Pursuant to 60	5.0207 (3)(b) ted as the
f the re b) The	cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	ler of:
Dated	FEBURARY 28, 2018.		
	CC E		
	Signature of a member or authorized represen	i	
	CHRISTOPHEN EVER		
	Page 3 of 3		
	Filing Fee: \$25.00		