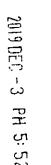
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C. GOLDEN JAN 1 0 2020

## **COVER LETTER**

TO:

FO: Registration Se Division of Cor			
SUBJECT: DELTA -T	EMPAIR CONDITIONING L	ILC *	
50bJEQ1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RAUL SABBAG		
		Name of Person	
	DELTA-TEMPAIR CON	DITONING	
		Firm/Company	
	10481 SW 160 CT		
		Address	
	MIAMI, FL 33196		
	DELTA.TEMP@YAHOO.	City/State and Zip Code COM	
	E-mail address: (	to be used for future annual report not	itication)
For further information c	oncerning this matter, please co	all:	
RAUL SABBABG		at ( 786 ) 357-8428	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

:D

DELTA-TEMPAIR CONDITIONING LLC

2019 DEC -3 PM 5: 52

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

Florida document number 1.06000029800		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited <u>liability company here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	<u> </u>	
B. If amending the registered agent and/or register		rds, enter the name of the new registered
agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
	*	
New Registered Office Address:	Enter Florida .	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registe		,
New Registered Agent's Signature, it changing Registe	red Agent:	

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
MGR .	RAUL SABBAG	10481 SW 160 CT	□Add
		MIAMI, FL 33196	□Remove
			<b>■</b> Change
			□Add
			□ Remove
			□ Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□Change
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			□Change

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ed <u>2 OF DECE</u>				Kar	)			
ed <u>2 OF DECE</u>	<del></del>	Signature of a n	nemher or aut	Par prized repre	entative of a	member		

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