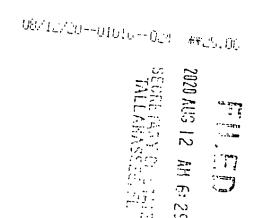
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(Addr	ess)	
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(City/	State/Zip/Phon	e #)
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Certified Copies	Certificate	s of Status
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Special Instructions to Fi	ling Officer:	

Office Use Only



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D. BRUCE SEP 3 A 2020

COVER LETTER

	rs Heating and Air Conditionin	g, 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:		
	Antonio Rodriguez, Jr.			
	-	Name of Person		
	Aire Masters Heating and	Air Conditioning, LLC		
		Firm/Company		
	2300 NE 8 RD.			
	-	Address		
	Ocala, FL 34470			
		City/State and Zip Code		
	antonior.aire@gmail.com			
	E-mail address: (to be used for future annual report notific	ation)	÷ 2:
For further information c	oncerning this matter, please c	all:		720 / 720 /
Antonio Rodriguez, Jr.		352 304-9029 at ()		2020 AUG 12 SEGRETARES TALLARES
Name o	f Person		Telephone Number	
Enclosed is a check for the	he following amount:			5
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	g Fee, of Status &
Mailing Addres	<u>ss:</u>	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Aire Masters Heating and Air Conditioning, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/3}{2007}$ _ 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 Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			🗀 Add
	Z-11 - 117		□Remove
		<u> </u>	□Change
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	uez JR. to AMBR							
								
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot l	e prior to da	ite of filing or r	nore than 90 days	ptional) after filing.) P this date wi	ursuant to Il not be	605.020 listed a)7 (3 as th :
document's effective date on the Depar	tment of State's re	cords.						
ne record specifies a delayed effective da ord is filed.	te, but not an effe	ctive time,	at 12:01 a.m.	on the earlier of	f: (b) The ^c	0th day	after the	<u>*</u>
Dated August 5th	2020							
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Filing Fee: \$25.00