## 107000102170

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## **COVER LETTER**

то:	Registration Solvision of Co			
SUBJEC	RAY BOO	ONE, LLC		
SOBJE	~!· <u></u>	Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub		
		Elliott Harris, Esq.		
		· · · · · · · · · · · · · · · · · · ·		
		Elliott Harris, P.A.		
		111 SW 3rd Street, 6th Flo	oor	
		产量工		
		Miami, Florida 33130		PAIN FEB 26 TALLAHASSEE
		liza@eharrispa.com	City/State and Zip Code	SEE TO TO
		E-mail address: (	to be used for future annual report notif	
For furtl	ner information (	concerning this matter, please c	all:	26 RIDA
Elliott F	·larris		305 358-0146	
	Name	of Person		e Telephone Number
Enclose	d is a check for t	the following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KAYI	BOONE, LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L07000102170</u> .	pany were filed on 10/08/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
RAY BOONE AIR CONDITIONING, LLC.		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered	d office address on our records, en	LLAHASSIE, LORE the name of the no
registered agent and/or the new registered office address		> 6
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent·	

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</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RONALD SPIEGEI.	19815 SW 88 Court	<b>⊟</b> Add
		Cutler Bay, FL 33157	□ Remove
		<del></del>	□ Change
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			Add
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			Change
		<del></del>	Remove
			□ Change

<ol> <li>If amending any other informa</li> </ol>	tion, enter change(s) here: (Attach add	ditional sheets, if necessary.)
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to date of filing lock does not meet the applicable statutory to	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(I filing requirements, this date will not be listed as the
f the record specifies a delaye b) The 90th day after the rec		ve time, at 12:01 a.m. on the earlier of:
Dated February 23	2018	
Q	Deen	
<del></del>	Signature of a member or authorized representa	ative of a member
ELLIOTT HARRIS, E	SQ., Authorized Representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00