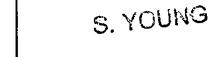
L07000108273

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
		
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, I LORIDA



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 21, 2016

MARK BLOWERS 5935 W WOODHILL COURT CRYSTAL RIVER, FL 34429

SUBJECT: MARK BLOWERS POOL CLEANING, LLC

Ref. Number: L07000108273

We have received your document for MARK BLOWERS POOL CLEANING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00020310

Shelia H Young Regulatory Specialist II

COVER LETTER

TO:		istration Se sion of Cor					
		Mark Blo	owers Pool Cleaning LLC				
SUBJE	CT:	·	Name of Lin	nited Liability Company			
			Amendment and fee(s) are sub	_			
			Mark Blowers	•			
		ı		Name of Person			
						动	12.5
			,	. Fina/Соправу		SEB	
			5935 W Woodhill Court			610)
				Address		A	
			Crystal River, FL 34429			9.	2
				City/State and Zip Code		37	7.031UA
			pattymb@yahoo.com	to be used for future annual report notifi		•	,•°
For furth Mark Bl			oncerning this matter, please c	ali: - 352 445-4724 at ()	·		
		Name of	Person		Telephone Number		
			e following amount:				
\$25.0	00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &		
				(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
1 00 m	75.0 世 57.07	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314		(additional copy is enclosed) ER ADDRESS: 1 stions ater Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark Blowers Pool Cleaning LLC			
(Name of the Limited Liability Company as it is (A Florida Limited Liability)	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were fi	iled on 10/25/2007	nd assigned	i
Florida document number L07000108273			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	mpany here:		
Attic Cooling Systems LLC			
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:			= 07
(Principal office address MUST BE A STREET ADDRESS)		ch.	
(Principal Office andress MOST BE A STREET ADDRESS)		- 2	子沼
	,		一言
•		9	
Enter new mailing address, if applicable:		333	
(Mailing address MAY BE A POST OFFICE BOX)			77
TANDLES SHARE PER 11 TOUT VI A TOLE BOTH			535
·		<u>دی</u>	— ₹5,77
B. If amending the registered agent and/or registered office ac registered agent and/or the new registered office address here:	idress on our records, enter the	name of ti	le new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		_
	, Florida		
Cin		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 Resistered Agent

MGR = Manager

3527266491

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
**************************************			☐ Add
			□ Remove
			D Change
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			ALLAHA
-			
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Name of the last o			□ Add
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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reffec te: Îi	e date, if other than the date of filing: 9/2/16 tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
reco he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed _	09/29/2016
	Signatule of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00