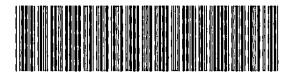
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

	stration Se sion of Cor					
SUBJECT:		ve Heating and cooling 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	ndence concerning this matter	to the following:			
		Gary Giddens				
			Name of Person			
		Garden Grove Heating and	Cooling LLC			
			Firm/Company			
		20 Brevard Dr				
			Address			
		Winter Haven Fl 33884				
		Garylgiddens@gmail.com	City/State and Zip Code	 .	4.	<u>Ţ</u>
		E-mail address: (to be used for future annual report notific	cation)	· 	
For further in:	formation c	oncerning this matter, please c	all:		.1	-
Jary Giddens	i		863 583-9964 at ()		٠١	^
	Name o	f Person		Telephone Number	. 3	
closed is a	check for th	ne following amount:				
\$25.00 Fi	ling Fce	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & '	
	MAD	INC ADDDESS.	STREET/COURSE	D ANNDECC.		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garden Grove Heating and Cooling LLC			
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)		
he Articles of Organization for this Limited Liabili orida document number L08000007746	ty Company were filed on 01/22/08	and as	signed
nis amendment is submitted to amend the following	g:		
. If amending name, enter the new name of the	limited liability company here:		
e new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the ab	breviation "I	L.C."
nter new principal offices address, if applicable:	:	<u>.</u>	
Principal office address MUST BE A STREET AI	DDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	2		
If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, enter	the name	of the
gistered agent and/or the new registered office	audiess here.		- 1
Name - Chian Danisana d Anna.		· ·	,
Name of New Registered Agent:			. ;
New Registered Office Address:		· · ·	1
	Enter Florida street address	لي	٠٠
	, Florida	 	
	City	Zip Code	_

tegistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is iled to merely reflect a change in the registered office address, I hereby confirm that the limited liability y 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, 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>	Address	Type of Action
AMBR	Thomas H Moore	497 S Oak Ave. Bartow Fl 33830	□ Add
			Remove
			Change
AMBR	Darren C Embry	Home Address 0 Mcdonald Ave. Auburndale Fl 33823	🗹 Add
		Mailing Address 130 MCNICHOLS Ave. Auburndale	Remove
			□ Change
			D Add
			☐ Remove
		·····	□ Change
			Add
			Remove
			Change
			☐ Remove
			Change
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			Remove
			Change

	
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date o  nete: If the date inserted in this block does not meet the applicable state  cument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.00
record specifies a delayed effective date, but not an effice 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier
ed 10/4/2018 . 2018 .	
Signature of a member or authorized re	

Page 3 of 3

Filing Fee: \$25.00