## 0800007746

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor			<b>4</b> 1 , ,	•
Garden Gro SUBJECT:	ove Heating and Cooling LLC			•
SOBJECT.	Name of Lim	nited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence 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			
		City/State and Zip Code		_
	Garylgiddens@gmail.com			
		to be used for future annual	report notification)	
For further information of	concerning this matter, please c	aff:		
Gary Giddens		863 956 at ( )	5-7277	
Name o	of Person	Area Code	Daytime Telephone Nur	nber
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi losed) Certi	O Filing Fee, ficate of Status & fied Copy (onal copy is enclosed)
Mailing Addre		Street Ac		
Registration		Registration Section Division of Corporations		
Division of C	•		n of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i <mark>nv as it now appears on our records.</mark> ) Liability Company)	
were filed on <u>01/22/2008</u>	and assigned
oility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
20 Brevard Dr	2
Winter Haven FI 33884	
<del></del>	·
20 Brevard Dr	:
Winter Haven Fl 33884	
	.;
address on our records, enter the	name of the new regis
Enter Florida street address	
	_
	iaZip Code
	lity Company," the designation "LLC" or 20 Brevard Dr Winter Haven Fl 33884 20 Brevard Dr

## 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 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
			□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

ı am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Note:	tive date, if other than the date of filing:  [Coptional]  fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	8/11/2023
	Signature of a member or authorized representative of a member
	/ Signature of a memoer or authorized representative of a member