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SECRETARY OF STATE TALLAHASSEE, FLORIO

J. BRYAN

AUG 18 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	HI About Name of Lim	Air and Headited Liability Company	f LLC
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	pondence concerning this matter	r to the following:	
	Jan All About	Name of Person Air and Heat Firm/Company	09 AUG 17. SECRETARY FALLAHASSE
	15980 s	SE HWY 42 Address	PHI2: 51 Y OF STATEE, FLORI
	Weirsdale	FL 30195 City/State and Zip Code	TATE ORIDA
	allaboutair E-mail address: (andheat @ embarato be used for future annual report notifica	gmail.com
For further information	concerning this matter, please of	eall:	
James Name	Brennan of Person	at (352) 207 – 13 Area Code & Daytime T	348 Celephone Number
Enclosed is a check for	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)

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

(Name of the Limited Lia (A Flo	t Air and bility Company as it now apported Limited Liability Company	Heat L	LC Is.)
The Articles of Organization for this Limited Liabil Florida document number LOSO 0008		1/24/09	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable			09 SE
(Principal office address MUST BE A STREET A	DDRESS)		ARE S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	YQ		PHIZ: 59
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, e	nter the name of the new
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
_	City	, Floric	da Zip Code
	Cuy		zip Coae

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title ' **Name** <u>Address</u> **Type of Action** Robin Dale Dees Candida Ann Jones 16441 SE 91St Court Summerfield, FL 34491 MGR ☐ Add Remove ☐ Remove Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Brennan
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00