

L08000008382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2544

Office Use Only



400278883834

11/09/15--01009--017 **25.00

FILED
15 NOV 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 03 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2015

JAMES N BRENNAN
5 PINE COURSE TRACE
OCALA, FL 34472

SUBJECT: ALL ABOUT AIR AND HEAT, LLC
Ref. Number: L08000008382

FILED
15 NOV 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALL ABOUT AIR AND HEAT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 115A00023826

RECEIVED
15 NOV 30 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Young, Sheila H.

From: James Brennan <brennanjames78@yahoo.com>
Sent: Wednesday, December 02, 2015 5:21 PM
To: Young, Sheila H.
Subject: Re: All about air and heat / refrigeration

Hi Sheila I James Brennan am releasing the doc number I15000167208 I am giving u consent to use new name to doc number I08000008382 new name being all about air and heat/refrigeration llc thank you for all ur help any questions please contact me at 352-342-3588

> On Nov 13, 2015, at 12:44 PM, James Brennan <brennanjames78@yahoo.com> wrote:

>

> Hi Sheila as per our conversation this morning I am releasing my name to I08000008382 if u have any questions please contact me at 352-342-3588 thank you for ur help in this matter

FILED
15 NOV '9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL ABOUT AIR AND HEAT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES N BRENNAN

Name of Person

ALL ABOUT AIR AND HEAT/REFRIGERATION LLC

Firm/Company

5 PINE COURSE TRACE

Address

OCALA, FL 34472

City/State and Zip Code

BRENNANJAMES78@YAHOO.COM

E-mail address: (to be used for future annual report notification)

FILED
15 NOV '99 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES N BRENNAN

352 342-3588
at ()

Name of Person

Area Code

Daytime Telephone 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**

ALL ABOUT AIR AND HEAT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/24/2008 and assigned
Florida document number L08000008382.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALL ABOUT AIR AND HEAT/REFRIGERATION LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5 PINE COURSE TRACE

OCALA, FL 34472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5 PINE COURSE TRACE
OCALA, FL 34472

FILED
NOV 29 PM 4:00
TALLAHASSEE, FL
SECRETARY OF STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5 PINE COURSE TRACE

Enter Florida street address

OCALA, FL 34472

City

Florida

Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 NOV 30 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
NOV 39 PM 4:01
15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 11-5-15, 2015

Signature of a member or authorized representative of a member

James Brennan

Typed or printed name of signee