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SECRETARY OF STATE

DIVISION OF CORPORATIONS

T. HAMPTON

FEB 2 4 2009

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations						
SUBJECT: <u>Dem Heating and aire Guality Carpet Care</u> (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:						
Moses S. Bolohe (Name of Person)						
Or m Heating and air & Quality Carpet Care						
5 Spring Way (Address)						
Ocala, FLOrida 3HH72 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Jessica L. Bache at (352) 308-4872						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Liability Comp (A Florida Limited	pany as it now appear Liability Company)	Dudity Co	rpet Care LLC	j
The Articles of Organization for this Limited Liability Compar Florida document number <u>LO8OOOQO93A</u> .			8_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia CHE HEATING The new name must be distinguishable and end with the words "Lin" L.L.C."	I E AI	3 L.L.C	L.C" or the abbreviation	
Enter new principal offices address, if applicable:		·	——————————————————————————————————————	
(Principal office address MUST BE A STREET ADDRESS)			09 NES	
			JAI	
			TAR OF C	
Enter new mailing address, if applicable:			ä≺m	
(Mailing address MAY BE A POST OFFICE BOX)	•			
			2 AA	
			N 35	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter t	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(City)		(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 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.

| Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

lf 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 **Type of Action** Address Name Title Remove Remove 🗖 Add Remove Add 🗖 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) -20-2009 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00