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| (Requestor's Name                       | )            |
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| (Address)                               |              |
| (Address)                               |              |
| (City/State/Zip/Pho                     | ne #)        |
| PICK-UP WAIT                            | MAIL         |
| (Business Entity Na                     | ame)         |
| (Document Numbe                         | r)           |
| Certified Copies Certificate            | es of Status |
| Special Instructions to Filing Officer: |              |
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SECRETARY OF STATE OIVISION OF CORPORATIONS

N COOPER JUL 2 5 2018

## **COVER LETTER**

TO:

|                     | egistration Se<br>ivision of Cor |   | •   |  |  |
|---------------------|----------------------------------|---|---|--|--|
| SUBJECT             | HEAT CUS                         | STOM LLC  |   |  |  |
| oudec i             |                                  | Name of Limi                                    | ited Liability Company  |  |  |
| The enclos          | sed Articles of                  | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |
| Please retu         | irn all correspo                 | ndence concerning this matter                   | to the following:   |  |  |
|                     |                                  | MARTIN FERREIRA                                 |   |  |  |
|                     |                                  |   | Name of Person  |  |  |
|                     |                                  | HEAT CUSTOM LLC                                 |   |  |  |
|                     |                                  |   | Firm/Company  | <del></del>  |  |
| 5817 SW 21ST STREET |                                  |   |   |  |  |
|                     |                                  |   | Address   |  |  |
|                     |                                  | WEST PARK , FLORIDA                             | 33023   |  |  |
|                     |                                  |   | City/State and Zip Code   |  |  |
|                     |                                  | INFO@HEATCUSTOM.C                               |   |  |  |
|                     |                                  |   | to be used for future annual report n                               | otification)   |  |
| For further         | r information co                 | oncerning this matter, please ca                | dl:   |  |  |
| ROMINA              | FERREIRA                         |   | 786 683 - 144   | <b>!</b> 1   |  |
|                     | Name of                          | f Person  |   | ime Telephone Number   |  |
| Enclosed i          | s a check for th                 | ne following amount:                            |   |  |  |
| <b>325.</b> 00      | ) Filing Fee                     | ☐ \$30.00 Filing Fee &<br>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) |  |
|                     |                                  | ING ADDRESS:                                    | STREET/COU  | RIER ADDRESS:  |  |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HEAT CUSTOM LLC  |   |                       |
|--|---|-----------------------|
| (Name of the Limited Liability Company (A Florida Limited Liab   | as it now appears on our records.)                      |                       |
| The Articles of Organization for this Limited Liability Company we   | ere filed on and ass                                    | signed                |
| Florida document number L08000084899   |   |                       |
| This amendment is submitted to amend the following:  |   |                       |
| A. If amending name, enter the new name of the limited liability   | y company here:   |                       |
| The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new nam | Company," the designation "LLC" or the abbreviation "L. | .L.C."                |
| Enter new principal offices address, if applicable:  | <b>.</b>  | 12 S                  |
| Principal office address MUST BE A STREET ADDRESS)   | JU  |                       |
| -  | <del></del>   | - 유로그<br>             |
|  | 3   | 유<br>유<br>유<br>유<br>유 |
| Enter new mailing address, if applicable:  |   | <del></del>           |
| Mailing address MAY BE A POST OFFICE BOX)  | ~   | <u></u>               |
|  | •   | ₹5                    |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:   | e address on our records, enter the name                | of the ne             |
| Name of New Registered Agent:  |   |                       |
| New Registered Office Address:   |   | <del></del>           |
|  | Enter Florida street address                            |                       |
|  | Florida   |                       |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> | Name              | Address              | Type of Action |
|--------------|-------------------|----------------------|----------------|
| MGR          | MARQUEZ, MANUEL A | 5817 SW 21ST STREET, | □ Add          |
|              |                   | WEST PARK FL 33023   | ■ Remove       |
|              |                   |                      | Change         |
|              |                   |                      |                |
|              |                   |                      | ☐ Remove       |
|              |                   |                      | ☐ Change       |
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|              |                   |                      | □ Remove       |
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|                           |                                       | <del></del>                                   |                 |                    |                 |                     | _ <b>63</b><br>       |
| <del></del> ;             | <u>,</u>                              |   |                 |                    |                 |                     |                       |
|                           |                                       |   |                 |                    |                 |                     |                       |
|                           |                                       |   |                 |                    |                 |                     |                       |
| ffective date, if         | other than the clisted, the date must | late of filing:                               | 07/12/2018      | J.,                | (               | optional)           |                       |
| <b>Note:</b> If the date: | inserted in this blo-                 | ck does not mee                               | et the applical | ble statutory file | ng requirements | s, this date will n | ot be listed a        |
| iocument's effect         | ive date on the De <sub>l</sub>       | partment of Stat                              | le s records.   |                    |                 |                     |                       |
|                           | ifies a delayed<br>after the reco     |   | te, but not     | an effective       | time, at 12:    | 01 a.m. on th       | e earlier (           |
|                           |                                       |   |                 |                    |                 |                     |                       |
| Dated                     |                                       | · .   |                 |                    |                 |                     |                       |
|                           | 11 -11                                |   |                 |                    |                 |                     |                       |
|                           | 一人 ハスハ                                | $\mathcal{L}_{\mathcal{L}}$                   |                 |                    |                 |                     |                       |
|                           |                                       | Signature of a me                             | mber or author  | ized representativ | e of a member   |                     |                       |

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Filing Fee: \$25.00