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SEURETARY OF STATE
TAIL AHASSEE, FLORIDI

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HARTWICK COMFORT COOLING 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:
Ben w HARTWICK Name of Person
HARTWICK COMFORT COURING LLC Firm/Company
6888 SEA COVE ANT W
57- AUGUSTINE FL 32086 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person. at (904) 669 6892 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

FILED 10 JUL -6 AMII:

1		JO SUL 46 AMII	: 31
HARTWICK COMFORT	- COULING	LL CTALLARY OF ST	ATC.
HARTWICK COMFORT (Name of the Limited Liability (A Florida Li	Company as It now appear	s on our records. LAMASSEE, FLO	RIDA
		, ,	
The Articles of Organization for this Limited Liability Co	mpany were filed on 09	7/30/2008 and assigned	ed
Florida document number 108000092873	ر سک		
	. ~~	y y wast no see the second	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :	
UNPTIMER HEATING OND OUR	CONOTIONINE	110	
HARTWICK HEATING AND AIR The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	ny," the designation "LLC" or the abbr	eviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			*
		3	
B. If amending the registered agent and/or registered		ur records, enter the name of the	ne new
registered agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:			
Name of New Registered Agent:	inaliana di manamatah and Minali Mina		
New Registered Office Address:		. 21 - 1	
	Eni	er Florida street address	
		, Florida	
	City	Zip Code	
Name That the command a constant of the consta	A A		

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 Changing Registered Agent, Signature of New Registered Agent

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			Add Remove
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Filing Fee: \$25.00