169000021341

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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J LEGGETT MAY 24 2018

COVER LETTER

	Registration Division of C			
cun icz		GE AIR & APPLIANCE LLC		
SUBJEC	,1:	Name of Lin	ited Liability Company	
		of Amendment and fee(s) are sub	-	
r reage re	turn an corres	DAVID COLLINGE	to the following:	
			Name of Person	 .
		COLLINGE AIR & APPL	IANCE	
			Firm/Company	
		PO BOX 2056		
			Address	
		SLVER SPRINGS, FL, 34	_	
		E-mail address: (City/State and Zip Code City and Qnin arco to be used for future annual report notifi	9) omail, som
For furthe	er information	concerning this matter, please or		Carrony
JACK M	URPHY		352 307-0015	
	Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
		LING ADDRESS: stration Section	STREET/COURIE Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLINGE AIR & APPLIANCE LLC				
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		_	
The Articles of Organization for this Limited Liability (Florida document number L09000021341	Company were filed on 03/03/2009	and	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
PREFERRED AIR & APPLIANCE LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."	-
Enter new principal offices address, if applicable:			<u>a</u>	
(Principal office address MUST BE A STREET ADDI	RESS)		10000000000000000000000000000000000000	•
		1,3	r#	•
			7/2	
Enter new mailing address, if applicable:			हेर्द्ध इन्ह	٠.
• • • • • • • • • • • • • • • • • • • •		3	£	
		344		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>ente</u> lress here:	r the nam	e of the r	iev
Name of New Registered Agent:				
New Registered Office Address:				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here: Name of New Registered Agent:				
		_		
	City	Zip Cod	e	

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

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager - Authorized Member					
Title	. <u>Name</u>	Address	Type of Action			
	·					
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			Change			
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fective date, if oth	er than the date of	filing: MAY 15	TH 2018	(optic	onal)	
in effective date is liste ofe: If the date inse	d, the date must be speci	ific and cannot be pr	ior to date of filing o	(option more than 90 days after ling requirements, this	filing.) Pursuant to	605.020
cument's effective of	date on the Departmen	nt of State's recor	ds.	ing requirements, this	uate will not be	nstea a
record specifies	s a delayed effect	ive date, but	not an effectiv	e time, at 12:01 a	.m. on the ea	arlier o
The 90th day af	ter the record is f	iled.				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00