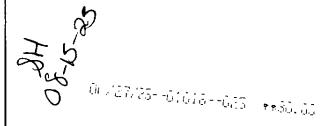
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Dunap's Heating & Alc, UC Name of Limited Liability ompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donald P Dunlap Jr. Name of Person
Dunlap's Heating + AIC, LLC
4328 Windmill Pointe Or
Plant City, Fl 33567
E-mail address: (to be used for inture annul report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

DUN OS HEALT (Name of the Limited Liability Compa	ne as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	In Inn Inn Inn
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabileters".	atina Services LLC
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 a	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:	<del> </del>
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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.

	ling Authorized Person(s) <u>ed from our records</u> :	authorized to manage, enter the fitle, name, and add	dress of each person being added
	Manager - Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if othe fan effective date is listed, Note: If the date inserte document's effective da	the date must be specif d in this block does	fic and cannot be prion not meet the appli	cable statutory filir	nore than 90 days afte	i <b>onal)</b> r filing.) Pursuant to 605.02 is date will not be listed
e record specifies a delayed is filed.	red effective date, bu	ut not an effective	time, at 12:01 a.m.	on the earlier of: (l	b) The 90th day after th
Dated Une	24th	202	5.		
Don	Signature	of a member or aut	norized representative	of a member	<del> </del>
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Filing Fee: \$25.00