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PICK-UP	☐ WAIT	MAIL
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(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

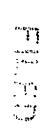


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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Zippy Air	Conditioning LLC		•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dennis Caldwell		
		Name of Person	_
	Zippy Air Conditiong LLC		
		Firm/Company	
	6474 SE Lockerby Place		
		Address	_
	Hobe Sound Fl 33455		
		City/State and Zip Code	-
	dennis@zippyac.com		S 78
	E-mail address: (	to be used for future annual report notification)	超星啊
For further information	concerning this matter, please c	all:	
Danielle Vosburgh		772 778-2010	HASS
Name	of Person	Area Code Daytime Telephone Number	SECRETARY SEE, FL
Enclosed is a check for	the following amount:		112
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Zippy Air Conditioning LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L0900040314	were filed on 4/27/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6474 SE Lockerby Place, Hobe Sound FL 33455
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6474 SE Lockerby Place, Hobe Sound FL 33455
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	, Florida
Nian Daristand Acada St. 18 18 18 18 18 18 18 18 18 18 18 18 18	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 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

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

Title	Name	Address	Type of Action
MGR	Stephen Denny	10152 Indiantown Road #110, Jupiter FL 33478	□Add
		<del></del>	= Remove
			□Change
MGR	Linda Stewart	10152 Indiantown Road #110, Jupiter FL 33478	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
MGR	Dennis Caldwell	6474 SE Lockerby Place, Hobe Sound FL 33455	🗏 Add
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ecord specifies a delayed effecti is filed.	ve date, but not an ei	ffective time, a	t 12:01 a.m. on	the earlier of: (l	o) The 90	)th day after th
November 13	, 20	24				
(	Signature of a memb					