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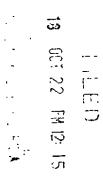
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# **COVER LETTER**

Division of Corporations
SUBJECT: AStro A/C & Refrigeration 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:
Nicholas Hegedus Name of Person
Astro A/C & Refrigeration LC
10207 Land O' Lakes
Land O' Lakes, Fl. 34638-6007 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nick Hegedus at (813) 996-0709  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section

TO:

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

Florida document number LC 9000 59 503 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

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>	<u>Name</u>	Address	Type of Action
se <u>cretary</u>	Frank Hegedus III	18601 Walker Rd. Lutz, FL. 33549	Add
	J	Lutz, FL. 33549	Remove
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Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of ote:  If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) filing requirements, this date v	Pursuant to 605.020 vill not be listed a
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. c	n the earlier c
ned		
Signature of a member or authorized representa	tive of a member	<del></del>
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Filing Fee: \$25.00