L090000006

(Red	questor's Name)	
(Add	dress)	<u>.</u>
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAłL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	<u>,</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>}</u>		

Office Use Only



600273651336

06/08/15--01049--001 **25.00

SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION:

JUN 0 9 2015

& MASON

COVER LETTER

Registration Section
Division of Corporations

Marrs HVAC Services, LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jennifer Crosby		
		Name of Person	
	Marts HVAC Services, LL	С	
		Firm/Company	
	53 Hemlock Radial Loop		
		Address	
	Ocala, FL, 34472		
		City/State and Zip Code	
	david@ManualJ.biz		•
	E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please ea	all;	
David Marrs		352 390-560 ⁶	
Name	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee. Certificate of State

MAILING ADDRESS:

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

Certified Copy

(additional o

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

(additional copy is enclosed)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marrs HVAC Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/04/2009 and assigned Florida document number L09000106266 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 "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 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.

If Changing Registered Agent, Signature of New Registered Agen

Page 1 of 3

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
MGRM	David Marrs	=	53 Hemlock Radial loop	■ Add
	·		Ocala, FL 34472	□ Remove
				☐ Change
				□ Add
			 	☐ Remove
	•			☐ Change
		-		□ Add
				□ Remove
				☐ Change
		-		□ Add
				☐ Remove
	·			☐ Change
		-		□ Add
		-		SECRETARY OF STATE JIVESION OF CORPORATIONS BOUND 8 AF 4: 06 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE. FLORIDA
				FLORIDA FLORIDA
				Change

			_			
	<u> </u>	 	_			
		·		,		
						
			· · ·			
						
					,	
						
			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
					,,,,,,	
	·	· · · · · · · · · · · · · · · · · · ·				
ective date, if other than the date	of filing			(anti	ional)	,
effective date is listed, the date must be s	pecific and cannot	be prior to date	of filing or more t	han 90 days afte	r filing.) Pursu	ant to 605.0207
te: If the date inserted in this block dement's effective date on the Depart	toes not meet the ment of State's r	e applicable sta ecords.	itutory filing red	quirements, thi	is date will no	ot be listed as
record specifies a delayed eff	ective date, b	out not an e	effective time	e, at 12:01	a.m. on th	e earlier o
he 90th day after the record						
	2015	;				
May 28th	2013	,				<u>:</u> :
ted May 28th	,	··				
red May 28th					SE	VISIC VISIC
led		or authorized re	presentative of a	member	SECHE	VISION C
lean ils	ature of a member	or authorized re	presentative of a	member	SECHETAR TALLAHASSI	SECRETARY VISION OF C

Page 3 of 3

Filing Fee: \$25.00