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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TUK AIR CONDITIONING-ELECT, LLC

Certificate of Status	0
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Help

COVER LETTER

TO: Registration Se Division of Cor				
TUK AIR C	CONDITIONING-ELECT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HERRERA-TUKUCH, CA	ARLOS		
		Name of Person		
	TUK AIR CONDITIONIN	G-ELECT LLC		
Firm/Company				
	6807 LONGPOINTE WAY	Ý		
		Address	 	
	TAMPA, FL 33615			
		City/State and Zip Code		
	mkairelectricia gmail.com			
		to be used for future annual report not	(Realton)	
For further information c	concerning this matter, please ea	all;		
HERRERA-TUKUCH, CARLOS		786 3330530 at()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
XI \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of T	Fallahassee	

Tallahassec, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

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ARTICLES OF (ORGANIZATION		
C)F	2021 OCT -4 AM II: 28 SECKETARY OF STATE TALLAHASSEE, FLOREDA	1
		ASS	글
TUK AIR CONDITIONING-ELECT, LLC		938 14.	FILED
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)		
(A) Kilida Elliniked	Claumity Company,	101 101 101	
The Articles of Organization for this Limited Liability Company	y were filed on 07/12/2010	and structure the	
Florida document number L10000072\$01		p	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
Transcituting name tener the new name of the united			
The new name must be distinguishable and contain the words "Limited Liab	elity Company" the designation "I I C" or the	ubbreviation "L.L.C."	
the new name must be disenguishable and emain are words. Canned that	my company. The designation (220) of 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, enter the na-	me of the new register	red
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	and ess on our records, cuter the man	the of the new (egister	
None - China Domintor - L'Amonte			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sireet address		
	, Florida	***	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TUKUCH, YANEY	4706 CARLYLE RD	≡ Add
		TAMPA, FL 33615	□Remove
			□(Thange
		···	□Add
			∐Remove
			□Change
			□Add
		□Remove	
			∐Change
			□ Add
		□Remove	
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			Change
			DAdd
			□Remove

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13. 76	.,,					
O. Hame	nding any of h	er information, en	ter change(s) here:	(Attach additional sheets	i. if nevessary.)	
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If the record record is filed	specifies a delay: t.	ed effective date, but	not un effective time,	at 12:01 a.m. on the earlier	of) (b) The 90	th day after the
Dated	Octo!	ber 4	2021			
		Muhal				202 Sh
	HERRERATI	W Signature of Sig	if a member or authorized	d representative of a member		2021 OCT -L SEGALTARY
		OKOCH, CARLOS	Typed or printed ria	ine of signec		FILED T-4 A
						FILED 2021 OCT -4 AM II: 28 SEGMLIARY OF STATE ALLAHASSEE, FLORID
			Filing F	See: \$25.00		: 28