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C. LEWIS

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	Michaels	Hone	and	Air	Repair	L.L. C
SUBJE	CT: HAHR	SAIR E.	Heat	- E.L.	<u>Z,</u>		

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Newman
Name of Person
Michaels Home and Air Repair L. L. C.
Firm/Company
1819 Balsawood Ct.
Address
Oplando, F1. 32818
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

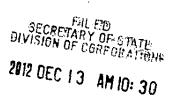
□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status 55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

decided at or page



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Michaels Home and A		
(Name of the Limited Liability Compar (A Florida Limited L	ity as it now appears on ou liability Company)	ir records.
The Articles of Organization for this Limited Liability Company Florida document number 4 10000 88062	were filed on $8/2$	3/20/0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MAHRS AIR and H. The new name must be distinguishable and end with the words "Limi		e designation "LLC" or the abbreviation
"L.L.C."	. C = 0	/ / / /
Enter new principal offices address, if applicable:	1819 139	Sawood Ct. 2, Fl. 32818
(Principal office address MUST BE A STREET ADDRESS)	ORland	0, 11. 52818
		
Enter new mailing address, if applicable:	en graduitana en en	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		cords, enter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida stree! address
		, Florida
	City	Z ip Code

New Registered Agent's Signature, if changing Registered Agent:

M.-1-1-11-

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 608, 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

Page 1 of 3



If an	nending any other	information, enter chan	ge(s) here: (A	ttach additional sheets, if nec	essary.)
					
xd	12/10	112	Mou		
		Michael	Neu	representative of a member	
		Type	d or printed nam	ne of signee	

Page 3 of 3

Filing Fee: \$25.00