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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: ABIS	<u> </u>	Uditioning LL (ited Liability Company	<u></u>
•	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	MiCHAEL C	20 Name of Person	
	ABIE Z AIRC	oudificulng LLC. Firm/Company	
	745 GrANT BI	A ddress	
	LEHIGH ACPES FL	33974 City/State and Zip Code	
	Fredericks codin	19 P G MAIL. COM to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please co		
Michael Gonza	Person	at (239) 997 - Area Code Daytime	8989 Telephone Number
Enclosed is a check for th	e 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARIE 7 AIR CONditioning LLC

(Name of the Limited Li (A F.	iability Compa lorida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liabili		were filed on ABIE 2 Ail Cordinary and assigned
This amendment is submitted to amend the followin	ıg:	
A. If amending name, enter the new name of the	limited liab	oility company here:
The new name must be distinguishable and contain the words	امع <u>در د</u> "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Fredrick Allen Hamilt III
(Principal office address MUST BE A STREET ADDRESS)		745 Grant Stud
		LEHIGH ACERS PL 33974
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TIL D
B. If amending the registered agent and/or registered agent and/or the new registered office		ffice address on our records, enter the name of the new
Name of New Registered Agent:	Frencick	Allen Herritt III
New Registered Office Address:	45 Graph	Enter Florida street address
1	EHILH 1	HOUES Florida 33974.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ve date, if other	than the date of file. The date must be specific	ling: <u>JAJ</u>	2017	(opti	ional)
If the date inserted	d in this block does n	ot meet the applic	able statutory filin		
ent's effective date	e on the Department of	of State's records			
ord specifies a	delayed effective	e date but no	it an effective t	ime at 12:01	a muon the earli
90th day after	the record is file	e date, but no ed.	ic an enective (iiiie, at 12.01	a.m. on the earn
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Filing Fee: \$25.00