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SECRETARY OF STATE
VALLAHASSEE, FLORIDA

K. SALY EXAMINER JUL 26 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

AP AIR CONDITIONING DISTRIBUTORS, 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:

ANTONIO PEREZ

Name of Person

AP AIR CONDITIONING DISTRIBUTORS, LLC

Firm/Company

4731 SW 132 AVE

Address

MIAMI, FL 33175

City/State and Zip Code

NGYAIMA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO PEREZ

,_,786,663-0746

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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13 JUL 20	
SECRETARY TALLAHASSE ords.)	5 PH 1: 33
TATI SHAR	OFTER
-CHINASSE	E FINATE
ords.)	LURIDA

AP AIR CONDITIONING DISTRIBUTORS, LLC

(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	oany were filed on 10/16/20	one and assigned
Florida document number L10000108213		
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 end with the words "I'L.L.C."	Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</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 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	vpe of Action
Р	ANTONIO PEREZ	4731 SW 132 AVE MIAMI, FL 33175	Add
	,		Remove
MGRM	ANTONIO PEREZ	4731 SW 132 AVE MIAMI, FL 33175	✓ Add
			Remove
			Add
			Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			Remove
			
	-		Add

•		
ed JULY 12	2013	
	(VG)	•

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00