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C. GOLDEN MAR 3 0 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sam Hawn Hir Conditioning the 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:
Som Haun Name of Person
San Haun Hir Conditioning, LLC
13257 82ng St N
West Palm Beach, FL 33412 City/State and Zip Code mtaylora mrahepa.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same of Person at Sul 402 - 6436 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

Sam Haun Ai	- Conditionin	a Li Comp
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records Liability Company)	State Charles
The Articles of Organization for this Limited Liability Company	were filed on Detober o	25, 2010 and assigned
Florida document number <u>L 10000 (10 77 8</u> .		No.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
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 of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City, F10	rida Zip Code

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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 penig access or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action <u>Title</u> **Name** Myr Ronnie L. Taylor _____

Remove ☐ Change _____ Change ☐ Remove ☐ Change _____ □ Remove ____ _ _ _ _ _ _ Add

☐ Remove

_____ Change

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ffec	tive date, if other than the date of filing:(optional)
an c lote:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
e re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
atec	1 <u>3/18/19</u> ,
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00