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EXAMINER



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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

;OT

SUBJECT:	ASTAL CLI Name of Limit	MATE EXPERTS ted Liability Company	A.C. & HRATING LLC.
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JOSEP.	H DITTMAR Name of Person	
		Firm/Company	
	1710 N.	HWY AIA	
	INDIALA	City/State and Zip Code OTTMAR @ 6 MA o be used for future annual report potification	1 32903
	JOSEPH E E-mail address: (t	OTTMAR @ 6 MA	AIL. COM
For further information co	ncerning this matter, please ca	all:	
JOSEPH Name of	DITTMAR	at (321) 795 0 6 Area Code & Daytime Tele	4
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)
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations a 6327 see, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL CLIMATE EXPERTS A.C. & HEATING L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability		2010 and assigned
Florida document number <u>L 100001</u>	0423	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
COASTAL CLIMATE EN	SINEERING LLC.	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	SEC SEC
		<u> </u>
		-7 SSE SSE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a	,	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	······································	orida
	City	7in Code

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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Name	Address	Type of Action
	******		Add Remove
			Add Remove
			Add Remove
amen —	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
			-
	2/3/11		

Page 2 of 2

Filing Fee: \$25.00