

L11000004465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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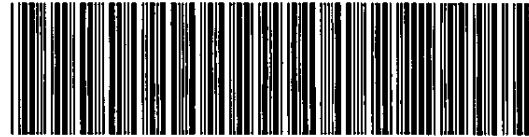
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFORDABLE A/C SERVICES 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:

DARIO SUSAC
Name of Person

AFFORDABLE A/C SERVICES LLC.
Firm/Company

3305 PINEWALK DR. NORTH. apt #206
Address

Maryland, FL, 33063
City/State and Zip Code

DARIO 9087@HOTMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARIO SUSAC at (954) 605-9475
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

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

AFFORDABLE A/C SERVICES LLC.

(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 Company were filed on 01/06/2011 and assigned Florida document number L11 000004465.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: No! (Same name)

The new name must be distinguishable and end with the words "Limited Liability 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)

3305 Pinewalk Dr. North apt #206
Margate FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3305 Pinewalk Dr. North. apt #206
Margate FL 33063

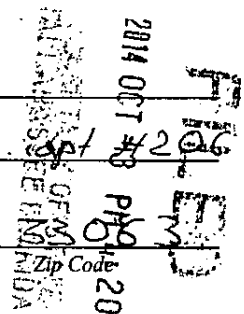
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DARIO SUSAC

New Registered Office Address:

3305 Pinewalk Dr. North. apt #206
Enter Florida street address
Margate, Florida
City



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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	MARSELH KRESIC	9087 Chambers st.	<input type="checkbox"/> Add
		Tamapak FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We are changing ownership and address of LLC company.
From: MARSELA KRESIC (Title: President)
to: DARIO SUSAC (Title: President)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 09/30/2014



Signature of a member or authorized representative of a member

DARIO SUSAC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA