## #L11000010023

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K. SALY EXAMINER FEB 24 2011

## **COVER LETTER**

TO:	Registration Sectorial Division of Corporate C			
SURJE	CCT:	ALL HEATING	AND COOLING LLC	
			ted Liability Company	•
The end	closed Articles of A	mendment and fec(s) are sub	unitted for filing	
		dence concerning this matter	-	
		THC	DMAS V. SIMMONS JR.	
			Name of Person	
		ALL HE	ATING AND COOLING LI	LC
	Firm/Company			
	1283 MADELENA AVE			
	Address			
		WINT	ER SPRINGS, FL. 32708	<b>,</b>
			City/State and Zip Code	
		ALLHEA E-mail address: (1	TANDCOOL@GMAIL.CO to be used for future annual report not	OM lification)
For fur	ther information cor	ocerning this matter, please c	all:	
	THOMAS	V. SIMMONS JR	at (_407_)	4040537
	Name of I	Person	Area Code & Dayti	me Telephone Number
Enclose	ed 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	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ΕD	
11 FEB 23	Рм	1
SECRETARY (	$\Im F_{\underline{S}}$	late
0.00	s FL(	DRIM

ALL HEATING AN	D COOLING	LLC	- FLORI
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	01/25/2011	and assigned
Florida document numberL11000010023			•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2315 GRIFF	IN RD.	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 7		
	LEESBURG	, FL. 34748	
Enter new mailing address, if applicable:	2315 GRIFF	IN RD.	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 7		
	LEESBURG	, FL. 34748	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter tl</u>	<u>ie name of the new</u>
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street addr	ess
	_	, Florida	
<del></del>	City	, Florida	Zip 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Remove
			Add Remove
		·····	
		er change(s) here: (Attach additional shee	ts, if necessary.)
_			
  Dated	02/21	. 2011	
Dated	- Jan	Annual Samuel	
	Signature of	a member or authorized representative of a me	mber
		THOMAS V. SIMMONS JR Typed or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00