Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383 .

From:

Account Name : LICENSES ETC INC

Account Number : 120070000159

Phone

: (239)777-1028

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AIR CONDITIONING BY SOUTHERN CLIMATE SOLUTIONS, LLC

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Corporate Filing Menu

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6/20/2011

N. Outligan | JUN 2 1 2011

	((COVER 16E420EE))	
TO: Registration Section Division of Corporations	· ·	
SUBJECT: Air Conditioning	By Southern Climate Solutions, L	LC
Nar	ne of Limited Liability Company	
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.	•
Please return all correspondence concerning	this matter to the following:	
·	Lisa Adams	
	Name of Person	
<u></u>	Licenses, Etc.	
-	Firm/Company	
15275 Collier Blvd. #201-300		
•	Address	
	Naples, FL 34119	
	City/State and Zip Code	
	etc@licensesetc.com	
For further information concerning this matter	er, please call:	
Lisa Adams	at (239) 963-	5369
Name of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for the following amount	t:	
\$25,00 Filing Fee \$30.00 Filing Certificate o	Fee & []\$55.00 Filing Fee & [of Status Certified Copy (additional copy is enclosed)	360.00 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 A) Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	
	(((H11000163420 3)))	

08/07/2001 13:15

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ADAMS RESIDENCE

FILLU PAGE 03
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(((H11000163420 3)))

ARTICHESCOPIAMENDMENT TO ARTICLES OF ORGANIZATION OF

11 JUN 20 AM 8: 08

Air Condition	ing By Southern Climate Solutions, LLC
(Name of the Lim)	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	(A Florida Limited Liability Company)
The Articles of Organization for this Limited	1 Liability Company were filed onApril 27, 2011 and assigned
Florida document numberL110000	049663
This amendment is submitted to amend the i	following:
A. If amending name, enter the new nam	e of the limited liability company here:
A II amending name, egget the new name	e of the nomicy maprity company Mer .
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if app	olicable:
(Principal office address MUST BE A STR	EET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	CE BOX)
registered agent and/or the new registered	nd/or registered office address on our records, enter the name of the new of office address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Forida
	City Zip Code
New Registered Agent's Signature, if changing	g Registered Agent:
the provisions of all statutes relative to th accept the obligations of my position as re	ered agent and agree to act in this capacity. I further agree to comply with e proper and complete performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S. Or, if this document is be registered office address, I hereby confirm that the limited liability his change.
	If Changing Registered Agent, Signature of New Registered Agent
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(((H11000163420 3)))

PAGE 03 ADAMS RESIDENCE 2395139567 88/02/2001 12:88 If amending the Managers or Managing Members on our records, enter the fitte, name, and address of such Manager or Managing Member being added or removed from our resords: MGR = Manager MGRM = Managing Member Title Name Address Type of Action MGRM Adaichi Musico 2088 Piccadilly Circus Nonias FL 34112 UR Remove DA4 □ Kemovi Dov [Ñkemove DAM Remove D. If amending any other information, enter change(s) here: (Annch additional elevels, if necessary) authorized representative of a member

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Page 2 of 1 Filing Fee: \$25.00