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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation	s .		
SUBJECT: Avila Heta	al Duct He Name of Limi	ating & Cooling Se	ervices, LLC
The enclosed Articles of Amendme	ent and fee(s) are sub-	nitted for filing.	
Please return all correspondence co	oncerning this matter t	to the following:	
	Jose	Avila Name of Person	
A	iila Hetal	Duct Heating & Cooli	ng Services, LLC
	<u>3711 751</u>	Address	 .
2		res FL 339 71 City/State and Zip Code	
	Kwa 105.9 E-mail address: (t	5 @ hotmail. Con obe used for future annual report notifical	tion)
For further information concerning	, this matter, please ca	II:	
Jose Avila Name of Person		at (<u>239</u>) <u>200 - 0</u> Area Code Daytime To	612 elephone Number
Enclosed is a check for the following	ng amount:		
\$25.00 Filing Fee	.00 Filing Fee & ertificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avila Retal Duct (Name of the Limited Lia (A Flo	Heating & Cooling Services, LLC hility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\angle 11000053$	y Company were filed on $5/04/2011$ and assigned 447 .
This amendment is submitted to amend the following	:
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED NIG 21 PN & 19 AHASSEE, FLORIDA
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, and a second

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Tulio Roman	3711 7St W, Lehigh Acres	<u>5</u> □ Add
		FL. 33971	Remove
			□ Change
MGRM	Clifford E. Byrd	3711 7S+W.	X Add
		Lehigh Acres, Fl. 33971	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
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Effective date, if other than the date of file of an effective date is listed, the date must be specific and effective date inserted in this block does not document's effective date on the Department of	and cannot be prior to do t meet the applicable	late of filing or more than?			
e record specifies a delayed effective The 90th day after the record is file		n effective time, a	t 12:01 a.m. on	the earl	lier of
/					
Dated <u>08/15/2017</u>	_ '				
Dated <u>08/15/2017</u>					
	member or authorize	ed representative of a men	phor		

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Filing Fee: \$25.00