

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000240046 3)))



H160002400463AFICX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address: SANDY@ACTIVATEMYLICENSE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELSPEED AC & APPLIANCE SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

EFFECTIVE DATE

SEP 2 8 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

(((H16000240046 3)))

From: Sandy Bonet

Fax: (813) 932-5244

To:

Fax: +1 (850) 6176383

Page 3 of 6 09/27/2016 12:44 PM

## COVER LETTER '

(((H16000240046 3)))

TO:

Registration Section Division of Corporations

SUBJECT: BELSPEED AC & APPLIANCE SERVICE 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:

	STEPHEN BELFON	1		
		Name of Person		
	CONTRACTORS R	EPORTING SERVICE INC		
		Firm/Company		
	13795 N NEBRASK		<u>.</u>	
		Address		
	TAMPA, FL 33613			6
		City/State and Zip Code		祭
	sandy@activatemylic E-mail address: (	cense.com to be used for future annual report notif	ication)	16 SEP 27
For further information co	oncerning this matter, please of			Ä
STEPHEN BELFO	N	gt ( 813 ) 932-5244		AH 10: 00
Name of			Telephone Number	. 0
Enclosed is a check for th	e following amount:			
S25.00 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 Sta Certified Copy (additional copy is e	atus &

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 From: Sandy Bonet

Fax: (813) 932-5244

To:

Fax: +1 (850) 6176383

Page 4 of 6 09/27/2016 12:44 PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(((H160002400463)))

BELSPEED AC & APPLIANCE SERVICE LLC

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

(A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000067223</u>	oany were filed on 6/8/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	hability company here:	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		± ₹%
(Principal office address MUST BE A STREET ADDRESS	S)	<u> </u>
		9 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		AM TO
		8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		ds, enter the name of the new
New Registered Office Address:	Enter Florida street add	
	Emei 1.104 aug 20 ees augs	Cas
	, I	Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	·	sip obue
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compared accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this capacity. I j lete performance of my duties, as provided for in Chapter 603	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

From: Sandy Bonet If amending Authorized N	Fax: (813) 832-5244 To: the Managers or Authorized Member Member being added or removed from	r on our records, enter the title, name	5 of 6 09/27/2018 12:44 PM 0046 3))) e, and address of each Manager or
MGR = Ma $AMBR = Au$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	HEATHER J. WALTERS	7011 YULE LN TAMPA, FL 33637	Add  ☐ Remove
			Add  OBemove SE
			27 AH 65: PL CORTE
Parada de la compansa			□ Add □ Remove
			Add Remove

				1(2#1 PM)00240
				-
***************************************				~
				-
		······································		=
	0.00			
he effective date must be specific, car	not be prior to date of receipt or	D16 filed date and cannot be more	(optional) than 90 days after	
Effective date, if other than the effective date must be specific, can the date this document is filed by the boated SEPTEMBER 27	not be prior to date of receipt or	D16 filed date and cannot be more	(optional) than 90 days after	
he effective date must be specific, car the date this document is filed by the l	not be prior to date of receipt or Florida Department of State)	D16 filed date and cannot be more	(optional) than 90 days after	
he effective date must be specific, car he date this document is filed by the l	not be prior to date of receipt or Florida Department of State)	filed date and cannot be more	than 90 days after	

Page 3 of 3

Filing Fee: \$25.00