

**L11000115515**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2014 JUL 21 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL 01/01/14 JUL-21-2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2014

LESLIE MCDANNEL  
3705 SEMINOLE DRIVE  
ORLANDO, FL 32812

SUBJECT: ALL STAR HEATING AND COOLING OF CENTRAL FLORIDA, LLC  
Ref. Number: L11000115515

We have received your document for ALL STAR HEATING AND COOLING OF CENTRAL FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 014A00014324

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All Star Heating and Cooling of Central Florida  
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:

Kelly McDannel  
Name of Person

All Star Heating and Cooling of Central FL  
Firm/Company

3705 Seminole Dr  
Address

Orlando FL 32812  
City/State and Zip Code

info.allstarcentralflorida@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie McDannel at (407) 697-5110  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: Sent \$35.00 Ref # L1100011515

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2014 JUL 21 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

All Star Heating and Cooling of Central Florida, 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 10/10/11 and assigned  
Florida document number U100015515.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

3705 Seminole Dr

Enter Florida street address

Orlando

City

Florida

32812

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 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.*

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>
MGR	Kelly McDaniel	3705 Seminole Dr	<input checked="" type="checkbox"/> Add
		Orlando Fl. 32812	<input 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.)*

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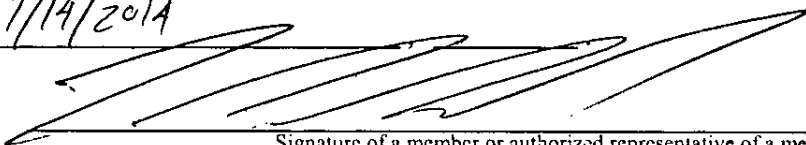
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 7/14/2014



Signature of a member or authorized representative of a member

Leslie McDaniel

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA