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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Divi	ision of Cor	porations		
CHRICAT.		Heating & Cooling, LLC.		
SUBJECT.	_	Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Jennifer Epperson		
			Name of Person	
			Firm/Company	
		13230 Maryweather Court		
		·	Address	
		Jacksonville, FL 32225		
		Jennifer@airwavesjax.com	City/State and Zip Code	
		•	o be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	ill:	
Jennifer Epp	erson		904 697-6313 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)

MAILING ADDRESS:

TO:

Registration Section

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

Air Waves Heating & Cooling, LLC.		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L12000027853	ny were filed on 02/27/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C.",
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
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	<u> </u>	ينتن المنت
Enter new mailing address, if applicable:		
		, ,5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	r
	. Fla	orida
	City	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.

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	Donald Tipton	PO Box 49277	-
		Jacksonville Beach, FL 32240	
		Jacksonville Beach, FL 32240	■ Remove
			Change
MGR	Terry Tipton	PO Box 49277	□ Add
		Jacksonville Beach, FL 32240	
			Remove
			Change
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fective date, if other than the neffective date is listed, the date mus	a be specific and cannot be prior to	o date of filing or more than 90 da	(optional) sys after filing.) Pursuant to 605.02
ote: If the date inserted in this blument's effective date on the D		ble statutory filing requirement	its, this date will not be listed i
record specifies a delayed The 90th day after the rec		an effective time, at 12	2:01 a.m. on the earlier
December 4	2018		
-	<u> </u>		
1			

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Typed or printed name of signee

Filing Fee: \$25.00