

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.

(((H150002282583)))



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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 : (877)275-3593

IIIS SEP 2

**Enter the email address for this business entity to be used not futur annual report mailings. Enter only one email address plesse **

Email Address: ETC@LICENSESETC.COM

REAL TO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AIR JAM COOLING & HEATING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

RECEIVED 15 SEP 22 FM 5: 10

BEP. 9. 3 PRICE

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		COVER LETTE	R	
TO: Registration S Division of Co				*
SUBJECT: Air J	am Cooling & Hea	ting, LLC		
•	Name of Li	mited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are st	abmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
	Lisa Adams			
		Name of Person		
	Licenses, Etc.			
		Firm/Company		_
	886 110th Ave.	. N., Suite #6		
		Address		
	Naples, FL 341	.08		
		City/State and Zip Code		201 3E
	etc@licenseset	(to be used for future annual	report notification	—ECR 5
For further information	concerning this matter, please		report nonneation)	ZIIIS SEP 22 A I
Lisa Adams		at (_239_)	777-8321	THE PART OF THE PA
	of Person	Area Code	Daytime Telephone No	unberrio.
Enclosed is a cheek for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	£ □ \$60.	00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H15000228258 3)))

Air Ja:	m Cooling	i& Heating, I	LLC		
(Name of the Limited (A	Liability Compan	v as it now appears of	our records.)		
(A	Florida Limited Li	aointy Company)			
The Articles of Organization for this Limited Liab	ility Company v	vere filed on0'	7/16/2012	and assigned	ļ
Florida document number L12000091842					
1 forfatt document ikanbot	·				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	ne limited liabil	lty company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:	366 SW Bridg	geport Dr.		
(Principal office address MUST BE A STREET.		Port St. Lucie			
Frincipal Office unitress MOST BE A STREET	ADDRESS)	2011011	,,		
				2015 FEC	_
		222 CM D + 1	D	>	- 9
Enter new mailing address, if applicable:		366 SW Bridg		SE SE	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Port St. Lucie	<u>, FL 34953 ஜ</u>	N P	
			î		7
			FL(S	7
B. If amending the registered agent and/or	registered off	ice address on ou	ur records, enter	Tthe hame of the	e new
registered agent and/or the new registered office	e address here:	:	ĐΆ	mi 🍒	
Name of New Registered Agent:	Adam Joh	inson			
No. 2 mintoned Office Addresses	366 SW B	ridgeport Di	r.		
New Registered Office Address:	0000112		street address		
	Port St. L	ucie	. Florida	34953	
		Ciŋ _'	, 1,01144	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.

of Changing Registered Agent, Steamther of New Registered Agent

Page 1 of 3

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

Title	Name	Address	Type of Action
MGRM	Maria Giampietro	2302 SE Avalon Rd.	🗖 Add
		Port St. Lucie, FL 34952	Remove
			Change
MGRM	John Gendwila	2302 SE Avalon Rd.	Add
		Port St. Lucie, FL 34952	Remove
			☐ Change
MGRM	Adam Johnson	366 SW Bridgeport Dr.	🖸 Add
		Port St. Lucie, FL 34953	□ Remove
		ALC	
		AHASSEE	SEP Add
		E. FLORIO	IS Remove
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
		•—————————————————————————————————————	Change

, 00 p ₃ 511.	nding any other information, enter change(s) here: (Attach additional shee	as, ij necessary.,	····	~ ~~
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Note:	we date, if other than the date of filing: Letive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 lift the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) days after filing.) P ments, this date wi	tursuant to ill not be	605.0207 (3 listed as th
he re	ord specifies a delayed effective date, but not an effective time, at 90th day after the record is filed.	12:01 a.m. or	n the ea	rlier of:
Dated	September 21st 2015			_
	Signature of a meriod or author to expesentative of a ment	per		-
	Adam Johnson			

Page 3 of 3

Filing Fee: \$25.00