2/2000093824

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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EXAMINER

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COVER LETTER

Division of C				
SUBJECT:	INTEGRIT)	AC REPAIR LLC		
	Name of Limi	ted Liability Company		
	of Amendment and fee(s) are sub	_		
Please return all corres	pondence concerning this matter	to the following:		
		Richard D. Hoskins		
		Name of Person	Ä12	
		Firm/Company		
	20	0 SE 1st ST Suite 400	30 P	
		Address	E FLORIDA	,
		Miami FL 33131 City/State and Zip Code	0 TATE ORRIDA	
	rick@	onthemapmarketing.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of			
	chard Hoskins	at \	20-5556	
Name	e of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 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 Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: stration Section	STREET/COURIER Registration Section	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGR	ITY AC REPAIR LL	C		
(Name of the Limited Liabili (A Florida	ty Company as it now appea a Limited Liability Company)	rs on our records.		
(,, ,			
The Articles of Organization for this Limited Liability	Company were filed on	07/19/2012	and assigned	Ŀ
Florida document numberL12000093824				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
Pai	radise Air & Heat		1 \$ 102 1	
The new name must be distinguishable and end with the w	ords "Limited Liability Comp	any," the designation "	 /-\	
"L.L.C."				T i
Enter new principal offices address, if applicable:			္က≽ ယ ဘ	<u></u>
(Principal office address MUST BE A STREET ADL	ORESS)			_rn
			77 3	1
			SET 3	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	 ,			
B. If amending the registered agent and/or reg		our records, <u>enter</u>	the name of the	e new
registered agent and/or the new registered office ad	dress nere:			
Name of Name Barriet and Accord				
Name of New Registered Agent:				
New Registered Office Address:			,	
	Er	nter Florida street add	aress	
		, Florida		
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Title <u>Name</u> <u>Address</u> **Type of Action** MGR HOSKINS, RICHARD D 200 SE 1ST SUITE 400 ☐ Add MIAMI FL 33131 √ Remove MGR On The Map inc. ✓ Add ☐ Remove 200 SE 1ST ST SUITE 400 MIAMI FL 33131 ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/25/2012 Dated Signature of a member or authorized representative of a member Richard D Hoskins Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00