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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
Surif		Mechanical LLC		
SUBJE	C I.		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		John Willis		
			Name of Person	
		TransCan Mechanical LLC		
			Phanical LLC Name of Limited Liability Company Incompany Incomp	
		3645 IST AVE		
	Address MALABAR, FL 32950 City/State and Zip Code			
		MALABAR, FL 32950		
			•	
				(antion)
For furti	her information c	oncerning this matter, please ca		Radon)
John W			at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, TransCan Mechanical LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on July 23, 2012	and assigned
Florida document number L12000094854		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	022 SEC
		L R B
		AND - I
Enter new mailing address, if applicable:		SO B II
(Mailing address MAY BE A POST OFFICE BOX)		m o v
		FL 25
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	1,4113	CIP COME

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 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	MICHAEL PLYLER	655 ROSELAND ROAD, SEBASTIAN, FL 32958	□Add
			≡ Renюve
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: July 5, 2022 at 2:00a.m. (optional) Fun effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605:0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the red is filed. Signature of a member or authorized representative of a member. John C Willis III.					
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	Dated September 30	. 2022	<u> </u>		
John C Willis III	John C	Signature of a member or auth	orized representative of a n	nember	

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