

L12000139400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 APR 22 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 23 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alligator Air Conditioning of South Florida, LLC
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:

Christine Lester

Name of Person

Alligator Air Conditioning of South Florida, LLC

Firm/Company

PO Box 882263

Address

Port St Lucie, FL 34988-2263

City/State and Zip Code

alligatorair@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Lester

Name of Person

at (**772**) **204-5427**

Area Code & Daytime Telephone 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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Alligator Air Conditioning of South 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 10/31/2012 and assigned
Florida document number L12000139400.

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)

2230 SW Plymouth St
Port St Lucie, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 882263
Port St Lucie, FL 34988-2263

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:

Christine Lester

New Registered Office Address:

2230 SW Plymouth St

Enter Florida street address

Port St Lucie

City

, Florida 34953

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

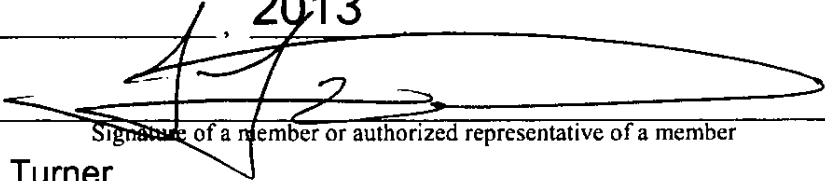
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JASON L TURNER	389 SW Log Dr	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34953	<input type="checkbox"/> Remove
MGRM	CHRISTOPHER B HALL	2230 SW Plymouth St	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Attached is the amended LLC Operating Agreement

Dated March 1, 2013


Signature of a member or authorized representative of a member

Jason L Turner

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 APR 22 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2013

CHRISTINE LESTER
POST OFFICE BOX 882263
PORT ST. LUCIE, FL 34988-2263

SUBJECT: ALLIGATOR AIR CONDITIONING OF SOUTH FLORIDA LLC
Ref. Number: L12000139400

We have received your document for ALLIGATOR AIR CONDITIONING OF SOUTH FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 513A00006983