## 12000157495

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## **COVER LETTER**

TO: Registration Se Division of Cor	
JOE CO	OL AIR CONDITIONING & HEATING EAST COAST, LLC
·	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Nicole Ziegler
	Name of Person
	Keane, Reese, Vesely & Gerdes, P.A.
	Firm/Company S
	770 2nd Avenue South
	Address
	St. Petersburg, FL 33701
	City/State and Zip Code Cbelanger@tampabay.rr.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Nicole Zieg	er <sub>at</sub> 727 823-5000
Name of	
Enclosed is a check for th	e following amount:
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

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(additional copy is enclosed)

**MAILING ADDRESS:** 

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

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

## JOE COOL AIR CONDITIONING & HEATING EAST COAST, 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 C Florida document number <u>L12000157495</u>	Company were filed on 12/17/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
T.C. AIR CONDITIONING & HEATING, LLC	The manney company nere.
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the designation "LEC" of the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	3294 SE WEST SNOW BLVD
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST. LUCIE, FL 34984
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:  N/A	tered office address on our records, enter the name of the new ress here:
The state of the s	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	d 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** N/A Remove Add Remove 1 Add ] Remove Remove Remove Remove

ed September 13 , 2013 .  Church Mark or authorized representative of a member
Church Mr.
Church Mr.
Church Mr.
Signature of a member or authorized representative of a member
- ( \h
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00
Typed or printed name of signee  Page 3 of 3