Division of Corporations Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042

Phone

: (941)706-2336

Fax Number

: (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| | | ROBINOCONNOR@COMCAST.NET |
|-------|----------|--------------------------|
| Email | Address: | _ |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ASAP HEAT & AIR LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

JAN 2 8 2013 A. LUNT

From: Robin O'Conner

TO:

Fax: (866) 473-0571

To: LLC

Fax: +1 (850) 617-6383

Page 3 of 6 1/25/2013 11:24

COVER LETTER

| TO: Registration S Division of Co | ection rporations | | | | |
|--------------------------------------|--|--|---|-----------------|-------------|
| SUBJECT: | ASAP | HEAT & AIR LLC | | | |
| | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | | ROBIN O'CONNOR | | | |
| | · | Name of Person | | | |
| , | | ICENSE EXAM SERVICES | حَيِّ | | *** |
| | | Firm/Company |) S S | JAN 25 | ا س |
| | | 4713 WEBBER ST | [ii] | | B Brogon |
| | | Address . | | AH III: 50 | i j |
| | | SARASOTA, FL 34232 | 577 | 647 | |
| | | City/State and Zip Code | | | |
| | ROBI | NOCONNOR@COMCAST.NET | | | |
| | | o be used for future annual report notificati | ion) | | |
| For further information of | concerning this matter, please c | all: | | | |
| ****** | OBIN O'CONNOR | at (_941) 706-2336 | | | |
| Name o | or reison | Area Code & Daytime To | elephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| □ \$25.00 Filing Fee | →\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | U\$60.00 Filing Certificate o Certified Co (additional c | f Status & py . | osed) |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 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 of the abbrevia "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the | | ASAP HEAT & AIR LLC | <u>-</u> | |
|---|---|---|----------------------------|----------------------------|
| 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 of LC of the abbrevial LC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | (Name of the Limited Liabil (A Florid | lity Company as it now appears la Limited Liability Company) | s on our records.) | |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | The Articles of Organization for this Limited Liability | y Company were filed on | 01/04/2013 | and assigned |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | Florida document number L13000000905 | | | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation of LO of the abbreville. "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | This amendment is submitted to amend the following: | : | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | A. If amending name, enter the new name of the li | imited liability company here | \$: A. | 2013 L ₂ -E& |
| Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | | words "Limited Liability Compar | (ဂ) (ဂ) | 20 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | Enter new principal offices address, if applicable: | | (1) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | (Principal office address MUST BE A STREET AD | DRESS) | 50 | . 31: |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | | | | 0 |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | Enter new mailing address, if applicable: | | | |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | | |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | | | | |
| New Registered Office Address: Enter Florida street address | | | ur records, <u>enter t</u> | he name of the ne |
| Enter Florida street address, Florida | Name of New Registered Agent: | ···· | | |
| Enter Florida street address, Florida | New Registered Office Address: | | | |
| | | Ent | er Florida street add | ress |
| | | , | 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

| í | | • |
|-------|-------|----------|
| From: | Rebin | O'Connor |

Fax: (866) 473-0571

To: LLC

Fax: +1 (850) 617-6383

Page 5 of 6 1/25/2013 11:24

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 | <u>Name</u> | Address | Type of Action |
|-------------|----------------------------|--------------------------|----------------|
| MGR | CHARLES LARRY COLEMAN, JR. | 6048 LAKE WINONA RD | Add |
| | | DELEON SPRINGS, FL 32130 | Remove |
| | | | |
| | | <u> </u> | Add Add |
| | | | Remove |
| | | | _= |
| | | LONATE STATE | Add |
| | | | Remove |
| | | | _ |
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| | | | Add |
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| | | | Remove |
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| From: Robin O'Con | nnor Fax: (866) 473-0571 | To: LLC | Fax: +1 (850) 617-6383 | Page 6 of 6 1/ | 25/2013 11:24 | |
|-------------------|-----------------------------|-----------------------------------|------------------------------|------------------|------------------|---|
| | | | | | | |
| : D. U | f amending any other inform | nation, enter change(s) her | e: (Attach additional sheets | , if necessary.) | | |
| | | | | | | |
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| | | | · | | | |
| Date | dJANUARY 25 | 2013 | | | | |
| | | Manufacture of a member or author | and recovered the second | ser. | | |
| | - | KENNETH | COLEMAN Thume of signee | | | |
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