L170000 73969

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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J. Stativers MAR 0 4 2014



January 30, 2014

ROBERT JOA 12100 SW 132 CT SUITE 102 MIAMI, FL 33186

SUBJECT: HVAC INSTALLS AND SERVICE LLC

Ref. Number: L13000033969

We have received your document for HVAC INSTALLS AND SERVICE 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00002100

COVER LETTER

TO: Registration Division of	on Section Corporations		
SUBJECT: †	WAC INStalls and	SCYVICE LLC uited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Rol	Name of Person	· · · · · · · · · · · · · · · · · · ·
	HVAC Install	Is and service C	LC
	18100 SW 135	2 COUNT, Suite 10)3
	MiamirFL	33\86 City/State and Zip Code	
	Wacvobjoa @ E-mail address: (valvo .Com to be used for future annual report notifi	ication)
For further informati	ion concerning this matter, please c	all:	
Robert	me of Person	at (305) 796- Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a	VVICe UC
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L1300033969</u> .	n $03/06/3013$ and assigned
Florida document humber	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny 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)	S. Ber
	لتك
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	74 TO
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	r Florida street address
•	
City	, Florida Ziv 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Robert Joa	12100 5W 132 COINT, Suite 10	Q□ Add
		Miami, FL 33186	Remove
W	Robert Joa	12100 SW 132 COWY, Swite 103	N dd
		Miami, FL 33186	Remove
S	Christine Joa	12100 SW 132 COWA, Swite 103	
		Miami, FL 33186	· 😸
AMBR	Christine Joa	12100Sw 132 court, suite 105 Miami, FL 33186	Add
		Miami, FL 33186	□ Remove
			□ Add
			_□ Remove
			_□ Remove

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ffective date, if other tha	an the date of filing:	(optional)
ne effective date must be specif	an the date of filing: The connot be prior to date of receipt or filed date and cannot be the prior to date of state)	(optional) be more than 90 days after
ne effective date must be specified date this document is filed by	fic, cannot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
	fic, cannot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
The effective date must be specified the date this document is filed by	fic, cannot be prior to date of receipt or filed date and cannot	be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00