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Office Use Only



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T. HAMPTON

### **COVER LETTER**

TO: Registration Section
Division of Corporations

24/7 AIR CONDITIONING 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:

# DARLENE CARRILLO

Name of Person

# D & M BUSINESS SERVICES

Firm/Company

# 2393 S CONGRESS AVE SUITE 205

Address

# PALM SPRINGS, FLORIDA 33406

City/State and Zip Code

amapola\_43@hotmail.com

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

For further information concerning this matter, please call:

# DARLENE CARRILLO

561 969-2466

Name of Person

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### 24/7 AIR CONDITIONING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			2/22/2		
The Articles of Organization for this Limited L	iability Compan	y were filed on 03/22	2/2013	and ass	igned
Florida document number L1300004359	0				::
Tiorida document named	· · · · · · · · · · · · · · · · · · ·		and a second of		D
				<u></u>	SEI
This amendment is submitted to amend the following	lowing:			₽	CR
A. If amending name, enter the new name of	f the limited lia	bility company here:		e) (	SET.
NA					
The new name must be distinguishable and end wi	th the words "Lin	nited Liability Company	" the designation "LI		bbreviation
"L.L.C."			, 5		SE
Enter new principal offices address, if applic	rahle	NA		30	3.4.01
• •		<u> </u>	W-84		
(Principal office address MUST BE A STREE	ET ADDKESS)				
		A 1 A			
Enter new mailing address, if applicable:		NA			
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and			records, enter th	<u>e name o</u>	f the new
registered agent and/or the new registered of	ffice address he	<u>re</u> :			
Name of New Registered Agent:	NA				
N. D 1005 A11	NA				
New Registered Office Address:		Fnter	Florida street addr		
		2,110,	1 to take on our man.	200	
			, Florida		
		City		Zip Code	!
New Registered Agent's Signature, if changing	Registered Agent	<u>::</u>			

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>	Name	Address	Type of Action
MGR	ALFONSO CORREA	37 W PINE TREE AVE	Add
		LAKE WORTH, FL 33467	Remove
MGRM	VLADIMIR ROJAS	37 W PINE TREE AVE	
		LAKE WORTH, FL 33467	Remove
			Add
			Remove
			SEGER F
			Return D Return D Return D RETURN STATIONS
			_
			Add
			Remove

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JULY 1	-
Alle Sales -	
Signature of a member or authorized representative of a member of	nember
VLADIMIR ROJAS	

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CHREERING