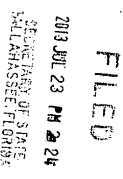
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Comfort Zone A/C & Electric 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:		
Melissa Ortiz Name of Person		
Firm/Company		
D.O. Box 92294  Address	<b>2013</b> .	
Lakeland FL 33804 City/State and Zip Code	2019 JUE 23 JECHETARY FALLAHASSE	
GCCurate Service + Qyahoo · Com E-mail address: (to be used for future annual report notification)	OF STA	
For further information concerning this matter, please call:	STATE LORIDA	
Chad Douberley at (863) 800-0596  Area Code & Daytime Telephone Number	<del></del>	
Enclosed is a check for the following amount:		
▼ \$25.00 Filing Fee	ng Fee,	

Certified Copy

(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 & Certified Copy

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comfort Zone A/C & Electric 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 June 4 # 2013 and a

This amendment is submitted to amend the following:

Florida document number \_\_\_\_\_\_\_

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company,	" the designation "LLC" of	or the abbreviation	
Enter new principal offices address, if applica	able:	DA	Sec. 1974	
(Principal office address MUST BE A STREE	T ADDRESS)		<u>N</u>	
		# P P P P P P P P P P P P P P P P P P P		
Enter new mailing address, if applicable:			<del></del> ·-	
(Mailing address MAY BE A POST OFFICE)	<u></u>	en en	<u> </u>	
B. If amending the registered agent and/or the new registered of		records, enter the na	ame of the new	
Name of New Registered Agent:				
New Registered Office Address:	P			
	Enter Florida street address			
	, Florida			
	City	Zij	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 Type of Action Title **Address** <u>Name</u> Melissa Ortiz 2854 Starlight Cove Ln [ MGR Lareland, FL 33810 Remove Add I Add Remove Remove Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
_	
ted	July 11th, 2013.
	Signature of a member or authorized representative of a member
	Typed or printed rame of signee
	Page 3 of 3

Filing Fee: \$25.00