#1 13000157595

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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K.SALY EXAMINER DEC. 11 2013

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: AIR 360 HEATING & COOLING, 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: | | | | |
| Ryan Mcmanus Name of Person | | | | |
| AIR 360 HEATING + COOLING, LLC Firm/Company | | | | |
| 3821B TAMIAMI TRL #112 | | | | |
| Address | | | | |
| PORT CHARLOTTE FL. 33952 City/State and Zip Code | | | | |
| | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| PATRICIA MASTMY at (630) 624-6600 Name of Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | |
| S25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) | | | | |

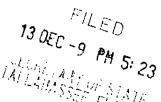
MAILING ADDRESS:

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



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

(A Florida Limited Liability Company)

| (<u>Name of the Limited Liability Company</u> (A Florida Limited Li | y <u>as it now appears on our records.</u>) ability Company) | CONTIN |
|---|--|---------------------|
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L13000 i57595</u> . | vere filed on <u>11-8-2013</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company," the designation "LLC" | or the abbreviation |
| 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 new registered agent and/or the new registered office address here:

| Name of New Registered Agent: | | |
|--------------------------------|----------|----------------------|
| New Registered Office Address: | | |
| | Enter Fl | orida street address |
| | | , 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 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 |
|-------|-----------------|----------------------|----------------|
| MGRM | PATRICIA MASTNY | 1516 BOWLEES CV | 🔀 Add |
| | | BRADENTON, FL | Remove |
| | | 34207 | ·········· |
| MGR | JERRY DEPRIEST | 7860 E DERBY OAKS DE | Add |
| | | FLORAL CITY FL | Remove |
| | | 34436-3768 | - |
| | | | Add |
| | | | Remove |
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| Ď. | If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | | |
| Da | ted_ | 12-5-2013 |
| | | Legan Memonus Signature of a member or authorized representative of a member |
| | | Signature of a member or authorized representative of a member |
| | | Ryan Memanus Typed or printed name of signec |
| | | Typed or primed name of signee |

Page 3 of 3

Filing Fee: \$25.00