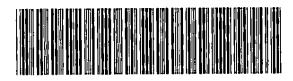
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(Re	equestor's Name)	
(Ad	ldress)	
(Ác	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dc	ocument Number)	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2019 FEB (1 PH 2: 29, SERVE) ATE

R. WHITE FEB 1 2 2019



January 31, 2019

THERESA LINDER 208 SW 9TH CIRCLE DELRAY BEACH, FL 33444

SUBJECT: GARRETT A/C LLC Ref. Number: L14000000265

We have received your document for GARRETT A/C 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):

A mgr or managing member must sign the document on page 3(of 3).

Please return 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) 245-6050.

Letter Number: 819A00002172

Rebekah White Regulatory Specialist II

RECEIVED FEBIL PM 2:3

COVER LETTER

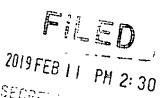
то:	Registration Se Division of Cor			
	Garrett A/C	LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please	return all correspo	ndence concerning this matter	to the following:	
		Theresa Linder		
			Name of Person	
		Garrett A/C LLC		
		<u></u>	Firm/Company	
		208 SW 9th Circle		
			Address	
		Delray Beach , Florida 334	44	
		garrettac@ymail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
There:	sa Linder		561 396-3870	
	Name o	f Person	Area Code · Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$ 2	5.00 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



Zip Code

Garrett A/C LLC	ŞĘÇ	775.30 8
(Name of the Limite	d Liability Company as it now appears on our records A Florida Limited Liability Company)	AET HASSIFIELD
The Articles of Organization for this Limited Lia Florida document number 140000002645	ability Company were filed on January 14, 2019	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE L	<u></u>	
B. If amending the registered agent and/or the new registered off	or registered office address on our records fice address here:	s, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	, Fb	orida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Sec	Nicole Rodriguez	208 SW 9th Circle Delray Beach, Fl. 33444	Add
			■ Remove
			□ Change
			Add
			☐ Remove
			Change
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ote: If the date inserted in th	must be specific and cannot be prior	to date of filing or more than 90 days able statutory filing requirements,	p tional) after filing.) Pursuam to 605.020 , this date will not be listed a
The 90th day after the	yed effective date, but no record is filed.	t an effective time, at 12:0)1 a.m. on the earlier o
January 14	2019		
	a Pilia	<u> </u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00