Note: Please print this page and use it as a cover sheet. Type the fax midit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099

Phone

: (813)932-5244

Fax Number

: (833)932-3782

**Enter the email address for this business entity to be used for Futu annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAYES HEATING & AIR CONDITIONING, LLC

Certificate of Status	()
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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To:

Fax: +1 (850) 617-6383

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COVER LETTER

TO		gistration Se vision of Cor			
SU	BJECT:	HAYES I	HEATING & AIR COND	ITIONING, LLC	
				ited Liability Company	
The	enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plc	ase returr	all correspo	ndence concerning this matter	to the following:	•
			JESSICA BROWNIN	NG	
			<u> </u>	Name of Person	
			CONTRACTORS R	EPORTING SERVICE IN Firm/Company	<u>C</u> .
			13795 N NEBRASK	A AVE Address	<u></u>
			TAMPA, FL 33613	City/State and Zip Code	
			info@activatemylicer E-mail address: (1	•	otification)
For	further is	nformation co	oncerning this matter, please ca	all:	
JE	SSICA	BROWN	ING	at (813) 932-524	14
		Name of	Person	Area Code Dayri	me Telephone Number
Enc	losed is a	check for th	e following amount:		
▣	\$25.00 F	iling Fec	□ \$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

From: Jessica Browning Fax: (813) 932-5244

Fax: +1 (850) 617-6383

To:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAYES HEALING & AIR CO	NDITIONING, LLC		_	
(A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab	ility Company were filed on 3/7/2014	an an	d assigr	ned
Florida document number				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:			
The new name must be distinguishable and end with the wor	rds "Limited Linbility Company," the designation "LLC" or th	e abbreviat	ion "L.L.	.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			16 AF	-
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	r the na	me of	the nev
Tenstered agent and/or the new registered office	e address nere.	177	4	
Name of New Registered Agent:			7	7. <u>1</u> .
New Registered Office Address:		ă;	ث. ض	*
New Registered Office Address.	Enter Florida street address		Or	
_	, Florida _			
	City	Zip C	ode	
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered a	went and agree to act in this capacity. I further a	oree to c	:omnlv	with the

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

Page 1 of 3

From: Jessica Browning Fax: (813) 932-5244

MGR = Manager

To:

Fax: +1 (850) 617-6383

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(((H16000083307 3)))

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:

AMBR = Authorized Member Title Title <u>Name</u> <u>Address</u> Type of Action MGR DANIEL STONE 14911 GLASGOW CT ■ Add TAMPA, FL 33624 -□ Remove □ Add □ Remove □ Add □ Remove 귥 □ Aðð □ Remove · Figure လ် ÇU T □ Add □ Remove □ Add

... □ Remove

			(((H16000083	3307 3)))
D. If amend	ling any other inform	ation, enter change(s) he	re: (Attach additional sh	eets, if necessary.)
				
_				
(The effecti	ve date must be specific, can	e date of filing: not be prior to date of receipt or lorida Department of State)	filed date and cannot be more	(optional) than 90 days after
	PRIL 4	2016		

ROBERT S HAYES

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Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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