Florida Department of State D

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10:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: _____info@activatemylicense.com

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



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TO:

Registration Section

To:

COVER LETTER

Division of Corp	porations		
HAVECI	IEATINO 9 AID COND	UTIONING LLC	
SUBJECT: HAYES F	HEATING & AIR COND Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	BILL MOORE		
		Name of Person	
	CONTRACTORS RE	EPORTING SERVICE IN	С
		Firm/Company	
	13795 N NEBRASK	A AVF	
	10,00 11 112010 1010	Address	
	TAMPA, FL 33613		
	17/WI 74, 1 E 000 10	City/State and Zip Code	
	info@activatemylicer	nse.com	
	•	to be used for future annual report no	ouncation)
For further information co	oncerning this matter, please co	all:	
BILL MOORE	LL MOORE at (813) 932-5244 Name of Person Area Code Daytime Telephone Number		14
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e 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)
MAILI	NG ADDRESS:	STREET/COU	RIER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Fax: (813) 932-5244

Fax: 1850; 617-6383

Page 3 of 5 07/25/2017 11:06 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAYES HEATING & AIR CONDITIONING LLC

(Name of the Limited Liabili (A Florid	(v Company as it now appears on our records.) Limited Liability Company)	
,		
The Articles of Organization for this Limited Liability C	company were filed on 3///2014	and assigned
Florida document number <u>L14000038379</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Lin	nuited Liability Cannagy "the designation "LLC" At	the abbreviation "L. C."
the new name must be distinguisizable and end with the words. Li	miled Districtly Company, the designation Libe of the	the above tation 15.5.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	(ESS)	
		2
		No.
Enter new mailing address, if applicable:		
		COS. D. Breeze.
(Mailing address MAY BE A POST OFFICE BOX)		- <u>444</u> -
		A 1
		51 5
B. If amending the registered agent and/or registered agent and/or the new registered office add		terithe name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Finter Florida 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 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

From.	££1	Monte	

MGR = Manager

Fax: (813) 932-5244

To:

Fax: (850) 617-6383 Page 4 of 5 07/25/2017 11.06 AM

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 = A	uthorized Member	.43	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STONE, DANIEL	14911 GLASGOW CT TAMPA, FL 33624	□ Add ——■ Remove
AMBR	TUCKER, CURTIS R	14911 GLASGOW CT TAMPA, FL 33624	Add Remove
		1:	□ Add □ Remove
			Add Remove
			Zill de 25 AM 10: Gad

From: Bill Moore D. If am end	Fax: (813) 932-5244 ling any other information	To: 1, enter change(s) here:	Fav: 1850/ 817-6382 (Attach additional	Page 5 of 5 07/25/2017 11 06 AM sheets, if necessary.)
	., -	(, , ,	•	•
	date, if other than the date we date must be specific, cannot but document is filed by the Florida		ed date and cannot be mo	(optional) ore than 90 days after
Dated <u>J</u>	•	, 2017		
		250	13 0	
	Sig	nature of a member or author	ized representative of a	member
	ROBERT S HAYES	Tened or printer	I name of signee	

Page 3 of 3

Filing Fee: \$25.00

2017 JUL 25 AM 10: 0